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| Mail: Kentucky Law Enforcement Council Funderburk Building 521 Lancaster Ave. Richmond, KY 40475-3102 Phone: 859-622-6218 Fax: 859-622-5943 | INSTRUCTIONS: This form must be completed by a physician or physician assistant prior to the applicant participating in the physical ability, IF the applicant checks "yes" on any question between numbers 1-11 on the Form T-1. If this form is required and not completed, the applicant will be sent home. |
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| NAME: _____ Date of Birth _____ SS# _____ |
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Peace officers in the Commonwealth of Kentucky are required to perform a variety of essential physically demanding tasks including the following:

- Walking for extended periods
- Short sprints
- Long pursuit running lasting over 2 minutes
- Jumping over and around obstacles
- Lifting and carrying objects sometimes up and down stairs
- Using hands and feet in use of force situations
- Using force in short and long term (greater than 2 minutes) efforts
- Bending and reaching
- Dragging people and objects as in extracting victims from vehicles

To measure an individual's capacity to perform these critical tasks all applicants must undergo a physical ability test consisting of the following items:

- 1.5 mile run to measure aerobic power
- 300 meter sprint to measure anaerobic power
- Sit ups to measure abdominal muscular endurance
- Push ups to measure upper body muscular endurance
- Free weight bench press to measure upper body absolute strength

Your professional opinion is requested as to whether the individual can safely participate in physical ability testing.

PLEASE CHECK ONE:

- _____ There are no contraindications to the individual either 1) being capable of performing the essential physical tasks or 2) being capable of undergoing the physical ability test items.
- _____ There are contraindications and it is recommended that the individual **not** participate in the physical ability test items.

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| <p>I hereby verify that the above information is true and accurate.</p> <p>Signed this _____ day of _____, 20 _____.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Signature of Physician or Physician Assistant</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Printed Name of Physician or Physician Assistant</i></p> |
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