

Form T-1a

## Kentucky Law Enforcement Council

## PHYSICIAN'S MEDICAL RELEASE FORM

**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, physician assistant or Nurse Practitioner, 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.**

**NAME:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SS#** \_\_\_\_\_

**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.

**I hereby verify that the above information is true and accurate.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
*Signature of Physician, Physician Assistant or Nurse Practitioner*

\_\_\_\_\_  
*Printed Name of Physician, Physician Assistant or Nurse Practitioner*