

# Paducah Police Department

## Medical Examination Form

This form, fully completed, is required prior to administration of Peace Officers Professional Standards physical fitness testing to an applicant by certified Paducah Police Department personnel.

### EXAMINING MEDICAL DOCTOR MUST READ CAREFULLY

Below are the tests to be administered, the actions the tests measure and the minimum scores required:

- **1 Repetition Maximum (RM) Bench Press:** Measures the individual's upper body strength to make maximal efforts against a resistance, which is important for performing physical tasks that require lifting, carrying and pushing. *Minimum Score: 55.3% of body weight*
- **1.5 Mile Run:** Measures the individual's cardiovascular system as it relates to performing job tasks such as foot pursuits and long-term use of force situations. *Minimum Score: 17:56*
- **300 Meter Run:** Measures the individual's ability to make short intense bursts of effort, which is important for performing job tasks such as short sprint pursuit situations. *Minimum Score: 68 seconds*
- **1 Minute Sit-ups:** Measures the individual's capability to make repeated muscular contractions with the abdominal area without getting fatigued, which is important in many tasks involving lifting, pulling and dragging. *Minimum Score: 13 sit-ups*
- **Consecutive Push-ups:** Measures the individual's capability to make repeated muscular contractions with the upper body without getting fatigued, which is important for many use-of-force job tasks. *Minimum Score: 14 push-ups*

### EXAMINING PHYSICIAN STATEMENT:

After having read the above descriptions, I have examined \_\_\_\_\_

(Print Applicant's Name)

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I am hereby releasing him/her to participate in the physical activities set forth above.

\_\_\_\_\_  
Signature of Examining Medical Doctor or Doctor, Physician Assistant  
or Nurse Practitioner (In Ink)

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Printed Name of Examining Medical Doctor, Physician Assistant or  
Nurse Practitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

**This must be completed no more than 60 days prior to administration of the Paducah Police Department's physical fitness test. You must bring this form with you to the physical agility test.**

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## Applicant's Endorsement

I understand the nature and extent of the physical activities required as part of the testing procedures conducted by the Paducah Police Department. I hereby assume any and all risks for injuries that may occur due to participating in the physical activities required as part of the testing procedures.

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Applicant's Signature

Social Security Number

Date

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