

University of Tennessee Police Department Physical Fitness Skills Test Medical Waiver

Applicant's Name:	Date of Birth:
Social Security Number:	Age:
	Gender:

The University of Tennessee police department strongly recommends that applicants for the job of police officer consult with a physician prior to participating in the physical fitness skills test. However an applicant may elect to participate in the physical fitness skills test without prior consent of a physician if they choose to do so. An applicant may refuse to see a physician and participate in the physical fitness skills test only if they agree upon waiving any right they may have to holding The University of Tennessee and The University of Tennessee police department liable for any and all injuries that may occur during the physical fitness skills test.

This is to certify that I have read the preceding physical fitness skills testing criteria, and I am not aware of any physical or medical reasons that would prohibit me from participating in these physical fitness skills tests. I am comfortable that I can participate in the physical fitness skills testing without causing injury to myself by my participation in this strenuous activity.

- I. I have taken ample opportunity to discuss my participation in the physical fitness skills testing with my physician and have advised him/her of any and all physical or medical conditions that I may know of that may prevent me or cause me injury or illness from participating in the preceding physical fitness skills testing. _____ initials

- II. I elect not to be seen by a physician prior to the physical fitness skills test. I waive any right to hold liable The University of Tennessee and the University of Tennessee police department for any and all injuries that may occur during the physical fitness skills test: _____ initials

Applicant's Signature:	Date:
Witness Signature:	Date:

OR -- (TO BE COMPLETED BY A PHYSICIAN)

This is to certify that the above named person, _____, hereinafter referred to as applicant is capable of strenuous physical exercise and is physically capable of attempting and participating in the preceding physical fitness skills testing as detailed in the 40th percentile scoring range as indicated based upon the applicants age and gender.

I have inquired and been advised by the applicant that there are no known physical and medical conditions that may cause undue injury and illness from the applicants participation in this physical fitness skills testing.

I am placing the following limitations on the applicant's participation. *(Must check one of the following)*

- None
 – As follows, including allergies and current prescription medicines:

Physician's Printed Name:	Telephone Number:
Address:	City, State, Zip:
Physician's Signature:	Date:

Applicants must present the Medical Waiver form at the date, time, and site of the examination. If the Medical Waiver is not complete or the applicant does not have the form with them at the time of the examinations, the applicant will not be permitted to participate in the examinations.

APPLICANT NAME	
APPLICANT AGE	
TEST PROCTOR	
PUSH-UPS	
SIT-UPS	
1.5 MILE RUN	

NOTICE

THE MEDICAL WAIVER MUST BE COMPLETED IN FULL AND PRESENTED AT THE TIME OF TESTING. FAILURE TO PRESENT THIS FORM AT THE DESIGNATED DATE, TIME, AND SITE WILL DISQUALIFY YOU FROM PARTICIPATING!

Males

Ages	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Push-ups	29	24	21	18	15	13	11	10
Sit-ups	38	34	31	29	26	24	21	18
1.5 Miles Run	12:51	13:36	14:03	14:29	14:58	15:26	16:05	16:43

Females

Ages	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Push-ups	23	19	16	13	12	11	8	5
Sit-ups	32	25	22	20	17	14	10	6
1.5 Miles Run	15:26	15:57	16:28	16:58	17:26	17:55	18:20	18:44

Passing scores are indicated above based upon the range of your age and gender.

The Physical Fitness Examinations consists of the following series of activities:

Push-Up Test

The individual starts in the prone position, with the palm of the hands directly under the shoulders and arms extended. The feet are together with toes touching the floor. The individuals back and legs are rigid and in line from heels to shoulder blades and to the back of the head. The individual starts in the up position and lowers his/her body towards the floor with back straight and rigid until the chest touches the pushup block and then pushes back up to the start position. This shall be continued repetitively for one minute. The individual's score shall consist of the total number of complete push-ups in one minute.

Sit-Up Test

The individual starts by lying on his/her back, knees bent, heels flat on the floor with the hands cupped behind the head and ears. In the up position, the individual shall touch his elbows to his knees and then return back to the lying position until the shoulder blades touch the floor. This shall be continued repetitively for one minute. The individual's score shall consist of the total number of complete sit-ups in one minute.

1.5-Mile Run

This is a timely run. Individual will run the prescribed 1.5-mile course in the least amount of time possible. Score is determined by actual minutes and seconds recorded from the time of the start of the run to the prescribed finish line.