

Informed Consent Form

Cumberland County Police Testing Consortium

The undersigned hereby gives informed consent to engage in a series of procedures relative to taking a battery of exercise tests, and participating in a variety of physical activities. The purpose of the testing is to determine physical fitness, cardiovascular function, and health status. All exercise testing and physical activity sessions will be monitored. These activities include walking, running, and calisthenic exercises performed in either field or gymnasium settings.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat related illness, abnormal heartbeats, abnormal blood pressure, and in rare instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and first aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

I give informed consent for testing data to be obtained to determine my state of physical readiness as it applies to the following list of essential job functions of a Police Officer for the departments represented by the Cumberland County Police Testing Consortium.

Running for several hundred yards	Climbing over or crawling under obstacles
Pulling or carrying accident, fire or crime victims	Using physical force to apprehend or subdue arrestees
Withstanding prolonged exposure to extreme weather	Withstanding prolonged periods of standing or sitting
Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accident, crime or suicide	Communicating with employees, tenants, patrons, trauma victims, and the traveling public in a professional, effective, and courteous manner
Dealing with domestic disputes	Operating a motor vehicle for long periods of time
Dealing with verbal and physical abuse of the officer including taunts, insults and threats to the officer, family members or fellow police officers	Using firearms effectively and being capable of successfully qualifying with department firearms (rifles, shotguns, handguns.)
Working shifts as assigned	Completing written reports in a clear, concise manner

Applicant Signature

Applicant Printed Name

Date

Physician Statement Form

Cumberland County Police Testing Consortium

As a physician for _____ (Name of Applicant), a police applicant wishing to participate in the Police Officer's Physical Fitness Assessment Test sponsored by the Cumberland County Police Testing Consortium, do hereby state that the aforementioned individual can safely perform the exercises as described below, which I have reviewed.

Applicants for the position of "Police Officer" must demonstrate a fitness level which would allow them to perform the essential job functions of a police officer. Applicants must perform each of the following exercises in accordance with the indicated standards. Each exercise will be scored as PASS/FAIL. **If an applicant fails one event, they fail the entire test and will not advance to the written test.** The exercises must be performed in the following order:

1. **300 Meter Run** - Applicant will run 300 meters on a level surface within **70.1 seconds**.
5 minute rest
2. **Push-ups** - Applicant will place their hands on the ground, approx. shoulder width apart. Applicant's feet may be up to 12" apart. The body must be in a straight line from shoulders to ankles. **24 correct push-ups** must be performed to pass this test.
5 minute rest
3. **1 Minute Sit-Ups** - Applicants will have 1 minute to complete **28 sit-ups**. This exercise shall consist of the applicant lying on the floor with the knees bent 90' and feet held in position. The applicant will interlock their fingers behind their head and touch their elbows to their knees without pulling on their neck or raising their hips off of the floor.
5 minute rest
4. **1.5 Mile Run** - The applicant will run a level 1.5 mile course within **15 minutes and 55 seconds**.

Physician Printed Name

Medical License Number

Physician Signature

Date