

**POLICE TRAINEE/CERTIFIED POLICE TRAINEE/POLICE OFFICER**

**MEDICAL SELF-SCREENING FORM**

Dear Applicant:

Carefully review the Physical Fitness Clinic events on the back of this page. If you believe that you have a medical condition which may be aggravated or could cause you any injury by participation in the events, then you are required to take this list of events to your doctor and ask for his/her approval for you to participate in the testing procedure.

I have you had symptoms/problems or have been diagnosed with:

	<b>Yes</b>	<b>No</b>
▪ Cardiac illness, disease or condition (includes but is not limited to chest pain or any heart trouble)	_____	_____
▪ Respiratory illness, disease or condition (includes but is not limited to asthma, shortness of breath or any lung disorder)	_____	_____
▪ Circulatory illness, disease or condition (includes blood clots, high blood pressure, high cholesterol, stroke or any blood disorder)	_____	_____
▪ Neurological illness, disease or condition (includes but is not limited to loss of sensation, tingling or numbness in your limbs or nervous disorder)	_____	_____
▪ Skeletal or muscular illness, disease or condition (includes arthritis, any joint disorder, knee disorder, back or neck trouble or any muscular disorder)	_____	_____
▪ Fainting or dizzy spells	_____	_____
▪ Heat stroke	_____	_____
▪ Diabetes	_____	_____
▪ Liver or stomach disorder	_____	_____
▪ Kidney or urinary disorder	_____	_____
▪ Any physical or mental impairment	_____	_____
▪ Cancer	_____	_____
▪ Ulcers	_____	_____

In the last twelve (12) months I:

	<b>Yes</b>	<b>No</b>
▪ Have consulted a doctor/physician, received surgical or medical care or taken prescribed medication for any condition	_____	_____
▪ Have been under a doctor/physician's care for any condition	_____	_____

If you answered **YES** to any of the questions above, then you are required to seek a medical release, on the attached medical clearance form. I hereby acknowledge and agree that I expressly waive and assume the risk of any and all medical conditions which exist as of the date below, but which I did not know or suspect to exist and thus, did not obtain the required medical clearance form.

I understand and agree that the City of El Paso will not be liable for any damages arising from my participation in the El Paso Police Department Physical Fitness Clinic. I further understand and agree that the City of El Paso shall not be subject to any obligations or liabilities of myself, my agents, family or representatives relating to or arising from my participation in the El Paso Police Department Physical Fitness Clinic.

I hereby attest that I have read, understood, and truthfully answered the above statements.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

**PUSH-UPS Objective: To complete 18 correctly performed push-ups in one minute.**

Your hands are placed about shoulder-width apart, with fingers pointing forward. The administrator places a standard 3-4 inch object (such as a Styrofoam cup or nerf ball) on the floor below the subject's chest. Starting from the up position (elbows extended), you must keep your back straight at all times and lower your body to the floor until the chest touches the standard object. You then return to the up position. (This is one repetition.) Resting should be done only in the up position.

**SIT-UPS Objective: To complete 27 correctly performed bent-knee sit-ups in one minute.**

You must lie on your back on a floor mat, with your knees bent and feet flat on the floor. Your hands must remain interlocked behind your head throughout the exercise. A test administrator will hold your feet and count the number of correct sit-ups completed in one minute. A correct sit-up requires you to touch your elbows to your knees and return to the starting position, that is, the small of your back touching the mat. Sit-ups done incorrectly will not be counted.

The official timer will tell you when to start and when to stop. He/She will call out the time remaining every 15 seconds, and during the last 10 seconds will call out the time remaining every second. Your performance will be determined by the number of sit-ups properly completed in one minute.

**1.5 MILE RUN Objective: To complete a 1.5 mile run within 15:20 minutes.**

The 1.5 mile course consists of 6 laps around a 1/4 mile track. Prior to the 1.5 mile run you will be given a warm-up period. Any applicant who steps off the track during the exercise will receive a failing score for this event. If you find that you are forced to walk some of the distance, you should move to an outside lane to continue so that you will not interfere with the performance of the other applicants. There will not be any lane assignments and you are encouraged to run in the inside lanes provided you are not walking.

The official timer will tell you when to start. The timer will also call out the cumulative time for each applicant for each 1/4 mile lap completed.

Upon completion of the run, it is recommended that you move to an outside lane and continue by walking a 1/4 mile lap to cool down. You are then to return to the starting area where you will be advised of your status by a test administrator.