

# MCC-Blue River POLICE Academy

## **PHYSICAL EXAMINATION FORM**

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(Print name)

\_\_\_\_\_ has applied for admission to the MCC-Blue River Public Safety Training Institute Police Academy. Each recruit attending the Academy participates in and must satisfactorily pass a strenuous physical fitness program and other training activities. This program emphasizes aerobic exercise, strength development, increase of flexibility and other physical training.

Specifically, the applicant will be required to:

1. Achieve the goal of running one and a half miles in less than 14 minutes;
2. Complete an obstacle course consisting of running, jumping, climbing, crawling, and lifting while wearing gear weighing 60 pounds;
3. Carry other recruits and perform calisthenics such as: push-ups, pull-ups, sit-ups, and various stretching exercises;
4. Participate in defensive tactics activities such as blocks, kicks, strikes and ground fighting.

It is imperative that each applicant receives a physical examination designed to ensure his/her ability to perform required training exercises and activities. Therefore, the Academy requests that you determine if this applicant is, to the best of your knowledge, physically capable of participation in our program.

Attached is a **Physician Approval Form** for you to complete after your examination, with the necessary personal and medical data of the named applicant, along with your *printed* name, signature, and typed or stamped office address information.

# **PHYSICIAN APPROVAL FORM**

Please initial the appropriate line:

\_\_\_\_\_ I have examined \_\_\_\_\_ and find this applicant physically capable of participating in the MCC-Blue River Police Academy program.

**Additional Comments:**

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\_\_\_\_\_ I have examined \_\_\_\_\_ and I DO NOT find this applicant physically capable of participating in the MCC-Blue River Police Academy program for the following reasons:

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**Physician Name (please print):** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NAME & ADDRESS OF EXAMINING PHYSICIAN OFFICE – Typed or stamped**

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*If a typewriter or a business stamp is not available, the office name and address may be hand-written IF a business card is also stapled to this form.*