



Arizona Peace Officer Standards and Training Board



PEACE OFFICER PHYSICAL APTITUDE TEST CONSENT FORM

The physical aptitude test you will undergo for AZPOST will require a prescreening examination prior to actual physical testing. This screening shall include:

- | | |
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| <ol style="list-style-type: none"> 1. Blood Pressure 2. Resting Heart Rate | <ol style="list-style-type: none"> 3. Three Minute Bench Step Test 4. Review of Peace Officer Physical Aptitude Consent Form |
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In addition to stretching and warming up, the physical aptitude test will include the following:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. 99 - Yard Obstacle Course 2. Body Drag 3. Chain-Link Fence | <ol style="list-style-type: none"> 4. Solid Fence Climb 5. 500 - Yard Run |
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There have been few, if any, complications for those participating in the peace officer physical aptitude testing. Risk of injury is possible in all physical activity. In signing this Consent Form, you are stating that you understand the description of the aptitude test and its possible resulting risks. Furthermore, you must undergo a physical examination by a licensed physician prior to testing. The physician must perform and record the blood pressure, resting heart rate and a three minute bench step test and certify that you are capable of performing the rest of the assessment safely.

Applicant's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____

EXAMINING PHYSICIAN'S STATEMENT

I have examined the applicant, _____, and after reviewing the required physical aptitude test listed above, I certify that the applicant can safely participate. I further certify that I have had the applicant perform the blood pressure test, the resting heart rate test and the three minute bench step test with the following results.

Blood Pressure:

At rest / , After 3min of Activity / , After 1 min Rest /

Pulse:

At rest ___bpm, After 3min of Activity ___bpm, After 1 min Rest ___bpm

Licensed Physician's Name:
(print or type)

AZPOST Certificate No.:

Licensed Physician's Signature:

Date:

FOR AZPOST USE ONLY

I have reviewed the examining physician's statement and have conducted the tests listed below with the following results:

Blood Pressure:

At rest / , After 3min of Activity / , After 1 min Rest /

Pulse:

At rest ___bpm, After 3min of Activity ___bpm, After 1 min Rest ___bpm

Recognized AZPOST POPAT Instructor's Name:
(print or type)

Recognized AZPOST POPAT Instructor's Signature:

Date: