



Physician's Clearance to Test Form
Physical Abilities Test

Name of Applicant:
Dear Physician:

The purpose of this communication is to inform you of the above-named individual's intentions with regards to participation in the pre-employment Physical Abilities Test for the Brevard Public Schools Safety & Security Specialist position. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above-named applicant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the applicant while participating in this test; we merely want to have as much information as possible when making decisions concerning applicability of testing.

The test program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skills and aerobic power. Tests will include two 220 yard runs, dragging a 150 pound object 100 feet, jumping over obstacles (12-24 inches high), climbing over a wall (40 inches high), two 50 foot sprints and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency.

I have examined this applicant and his/her medical history, and based upon my evaluation, I recommend that:

_____ Participation is not advisable at this present time. (If you advise against participation, please do not disclose the applicant's medical condition on this form.)

_____ Within a reasonable degree of probability, no medical condition or disorder exists which precludes this applicant from participation in the Physical Abilities Test as described.

Signature of Physician

Date

Physician's Office Stamp

Thank you for your cooperation.
Brevard County Sheriff's Office phone 321-264-5308

Brevard County Sheriff's Office
Physical Abilities Test

Our next PAT is scheduled for _____ @ 8:00am. The course is located at 855 Camp Rd., Cocoa, FL 32926 (Directly across from the Brevard County Jail Complex). The course instruction will start on site at 0745hrs. Please bring the following items with you:

1. Physician's Clearance Form
2. Waiver of Liability and Consent Form
3. Government-Issued photo ID
4. Water

Please wear attire appropriate for completing the tasks described below:

The Physical Abilities Test (PAT) is designed to assess physical attributes that reflect core enabling knowledge, skills, abilities, and essential tasks, common for law enforcement and corrections officers. The PAT is conducted in a time dependent continuous flow manner and determines the participant's level of physical condition and aerobic capacity. The following series of tasks measure specific job essential physical abilities:

1. Exiting a vehicle/opening a trunk
2. Running 220 yards
3. Completing an obstacle course
4. Dragging a 150 pound dummy
5. Obstacle course
6. Running 220 yards
7. Dry firing a weapon six times with each hand
8. Placing items in a trunk/entering a vehicle

Applicants begin the PAT seated in a full size automobile with their seat belt on, their hands on the steering wheel at the ten and two o'clock positions. Each applicant wears a pull away flag belt, with a flag over each hip, around his or her waist. The trunk key is in the vehicle's passenger's side seat. A handgun and a baton are lying in the vehicle's closed trunk.

Time Starts when the applicant begins *Task 1*:

Task 1:

Remove your hands from the steering wheel, unfasten the seat belt, and retrieve the key from the passenger's side seat. Get out of the car and go to the trunk, (car door is left open) insert the key, unlock, and open the trunk. (You must use the key to open the trunk.)

Remove each flag with the opposite hand, from behind your back. Remove the handgun and baton from the trunk. Close the trunk, leaving the key in the lock. Move toward the bench or stool. Place the handgun on the stool; keep the baton.

Task 2:

Run 220 yards on a flat surface toward the obstacle course.

Task 3:

Enter the obstacle course. Climb over a 40" wall. Run ten feet. Jump over three hurdles (24", 12", and 18") spaced five feet apart. Run ten feet and enter the serpentine. Run through 9 pylons placed in a single row, 5' apart. Run ten feet toward the low crawl. Drop

to the ground and crawl eight feet under a 27" open-air barrier. Drop the baton beside the last low-crawl pylon.

Task 4:

Stand up and sprint 50'. Grab the 150-pound dummy and drag it 100' on a cut grass surface.

Task 5:

Drop the dummy and sprint 50' toward the pylons. Drop into a low crawl and pick up the baton. Enter the obstacle course in reverse. Low crawl eight feet under a 27" high open-air barrier. Stand up and run ten feet toward the serpentine. Run in a serpentine manner through nine pylons placed in a single row, five feet apart. Run ten feet and jump over three hurdles (18", 12", and 24"). Run ten feet. Climb over the 40" wall.

Task 6:

Run 220 yards.

Task 7:

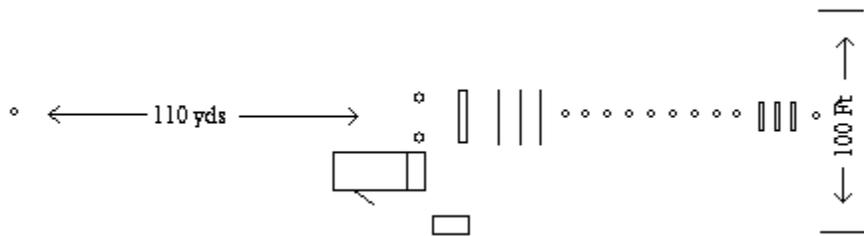
Place the baton on the bench. Pick up the handgun. Assume a proper firing position and fire six rounds using dominant hand. Fire six rounds with the supporting hand.

Task 8:

Pick up the baton (keeping the gun) and run to the trunk, turn the key, and open the trunk. Place the weapon and baton inside the trunk. Close the trunk and remove the key from the lock. Run to the driver's side door and enter the vehicle. Close the door and place the key back on the passenger's side seat. Securely fasten your seat belt. Place your hands on the steering wheel at ten o'clock and two o'clock positions.

Time Ends when the applicant completes Task 8:

Applicants must complete the course in 5:04



It is important to prepare for the PAT by training and practicing prior to the examination day. If you intend to practice PAT tasks at home, please be sure to seek the advice of your physician and take all necessary safety precautions. If you have difficulty with any tasks included in the PAT we recommend you consult with an exercise specialist for prescriptive advice on how to train to improve performance. For physical exertion in Florida's hot and humid weather we recommend you increase your fluid intake for several days prior to the test.



Brevard County Sheriff's Office
Waiver of Liability and Consent Form
Physical Abilities Test

The undersigned hereby waives all liability, rights, claims and causes of action against the Brevard County Sheriff's Office, its deputies, employees, agents and representatives, and their successors and assigns in the event that I am disabled or injured, temporarily or permanently, while participating in the Physical Abilities Test (Test) conducted by the Brevard County Sheriff's Office as part of the testing process for admission to the employment pool of the Brevard County Sheriff's Office.

I have agreed to participate in the Test as part of my quest in seeking admission to the Brevard County Sheriff's Office candidate pool. I acknowledge that I have tendered to the Brevard County Sheriff's Office a clearance form from a medical doctor and that I personally am not aware of any medical condition or disorder, which would preclude me from participation in the Test. Furthermore, I have inspected the Test course and have been given ample time/opportunity to ask and have my questions answered as they relate to the Test and its procedures. I also voluntarily waive all liability, rights, claims and causes of action against the Brevard County Sheriff's Office, owner of the property on which the Test will be conducted.

Participant's Name (Print)

Date of Birth

Person to contact in case of emergency

Phone Number

Participant's Signature (DO NOT SIGN UNTIL INSTRUCTED BY TEST ADMINISTRATOR)

Witness

Date