

**Medical Practitioner's Certification of Applicant's Ability to Perform the
Laurel Police Department
Pre-Employment Functional Fitness Assessment Test**

APPLICANT'S NAME: _____

DEPARTMENT: _____

Scheduled Date of Assessment Test: _____

Dear Medical Practitioner:

The above-referenced applicant will be required to participate in the Laurel Police Department (LPD) Pre-Employment Functional Fitness Assessment Test (FFAT). The FFAT consists of the below elements. Practitioner needs only to certify that the applicant may safely participate in the attached listed exercises.

TO BE COMPLETED BY THE APPLICANT'S MEDICAL PRACTITIONER:

Can perform at this time: Yes _____ No _____ (MUST be checked)
If No, anticipated date when applicant can perform: _____

MEDICAL PRACTITIONER'S SIGNATURE. (Must be completed in its **entirety and personally signed** by the applicant's medical Practitioner. **Stamped signatures affixed by office personnel on the medical practitioner's behalf are not acceptable.**)

I hereby certify that I am a licensed medical practitioner and that I have satisfied and maintained the licensing requirements required for my specialty. I further certify that I have reviewed this applicant's condition in a manner consistent with the prohibitions contained in regulations adopted by the State Board of Quality Assurance or its equivalent. My opinions are based on my personal review of the applicant's examination and the conclusions reached are based on a reasonable degree of medical certainty.

***** NO STAMPS *****

Practitioner's Signature: _____ **Date of Examination:** _____

Printed Name: _____ **Specialty:** _____

License No.: _____ **Expiration Date:** _____

Address: _____

Telephone No.: _____

Laurel Police Department Pre-Employment Functional Fitness Assessment Test

Name: _____ Sex: _____ Race: _____
 (Last) (First) (M.I.)

Age: _____ Height: _____ Weight: _____

Date of Birth: _____

WAIVER OF LIABILITY

In consideration of my being permitted to take the Laurel Police Department Functional Fitness Assessment Test, I agree that I shall not hold the Laurel Police Department or any of its employees and any public or private facility, building, or organization at which the Preemployment Functional Fitness Assessment Test is held, responsible for any injury or damage that I may receive during or as a result of this Functional Fitness Assessment Test.

Signature: _____

Date: _____

Witness: _____

LAUREL POLICE DEPARTMENT
PRE-EMPLOYMENT FUNCTIONAL FITNESS ASSESSMENT TEST

This test is a high intensity fitness evaluation. It is designed to test your aerobic and anaerobic fitness. For this reason, there are no rest breaks between the exercises.

1. **Push-Ups (Muscular Endurance)** - Scored by the number of push-ups performed in one minute.
2. **Sit-Ups (Muscular Endurance)** - Scored by the number of bent leg sit-ups performed in one minute.
3. **Vertical Jump - (jumping or explosive power)** – The score is measured in inches.
4. **300 yard Run – (Anaerobic power)** – The score is in minutes and seconds.
5. **1.5 Mile Run (Cardiovascular Capacity)** - The score is in minutes and seconds.

Police Entry Level Training Program
Cooper Standards
(Age / Gender Standard Requirements)

MALE

AGE	Vertical Jump (inches)	Push-Up (1 minute)	Sit-Up (1 minute)	1.5 Mile Run (minutes)	300M Run (seconds)
20-29	17	19	32	14:34	69
30-39	16	15	28	15:13	70
40-49	13	10	22	15:58	86
50-59	11	7	17	17:39	99
60-69	n/a	5	13	20:12	n/a

FEMALE

AGE	Vertical Jump (inches)	Push-Up (1 minute)	Sit-Up (1 minute)	1.5 Mile Run (minutes)	300M Run (seconds)
20-29	12	9	23	17:49	88
30-39	10.9	6.5	18	18:37	93.5
40-49	7.1	5	13	19:32	116
50-59	n/a	4*	7	21:31	n/a
60-69	n/a	1*	2	23:32	n/a

* 1 minute modified push-up test

HOW TO PREPARE FOR THE FUNCTIONAL FITNESS ASSESSMENT TEST:

1. **PUSH-UP TEST** - To increase muscular endurance, do as many standard push-ups as possible in one minute. At least three times per week, perform three sets of the total number of repetitions you did in one minute.
2. **SIT-UP TEST** - To increase your muscular endurance, do as many bent sit-ups (hands cupped behind the ears with someone holding your feet) as possible in one minute. At least three times per week, perform three sets of the total number of repetitions you did in one minute.
3. **VERTICAL JUMP** – Stand next to a wall that is at least 10 feet high. While standing next to the wall, extend the arm next to the wall to its highest point, mark the wall at that point. Take a measuring device and mark a spot on the wall 15 inches above the first mark. Standing at the wall, bend at the knees, then jump straight up and touch the wall above the second mark or stand at the wall then place one foot behind the other approximately 12 to 24 inches apart then bring the back foot forward when the back foot reaches the front foot perform a vertical jump and touch the wall above the mark. Do three sets of three at least 3 to 4 times a week.
4. **300 Yard Run** – Interval running is recommended. Walk/jog 100 yards then run/sprint 100 yards. Perform three sets each time, minimally 3 times a day 3 to 4 times a week.
5. **1.5 MILE RUN (Cardiovascular Capacity) TEST** - Below is a gradual schedule that would enable you to perform a maximum effort for the 1.5 mile run. If you complete the distance in less time, you are encouraged to do so.

Week	Activity	Distance (Miles)	Times (Minutes)	Frequency (Per Week)
1	Walk	1	17-20	5
2	Walk	1.5	25-29	5
3	Walk	2	32-35	5
4	Walk	2	28-30	5
5	Walk/Jog	2	27	5
6	Walk/Jog	2	26	5
7	Walk/Jog	2	25	5
8	Walk/Jog	2	24	4
9	Jog	2	23	4
10	Jog	2	22	4
11	Jog	2	21	4
12	Jog	2	20	4

In addition, the exercises listed below are being provided to assist the applicant with the push-up and sit-up phase of the Functional Fitness Assessment Test. The applicant should consult with their personal physician prior to commencing any physical exercise routine.

1. Push-Ups: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.
2. Decline Push-Ups: 2 Sets of 10 to 12 repetitions 4 to 5 times a week. Prop your feet on a step, box, stool, etc. approximately 12 inches high and complete the correct number of repetitions.
3. Triceps Extension: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.
4. Bicep Curl: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.
5. Sit-Ups: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.
6. Decline Sit-Ups: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.