

## Georgia Peace Officer Standards & Training Council Basic Law Enforcement Officer Mandate Examination and Physicians Affidavit

Applicant Name:		
Date of Examination:		

## TO THE PHYSICIAN:

Law enforcement training is physically demanding, your assessment is intended to identify any readily apparent physical injuries, malformities or limitations which may place the applicant or others at risk for physical injury or aggravation of existing injury. The applicant will be required to participate in the following job related training activities while attending the academy.

- 1. Run over various terrains for a distance of at least 75 yards.
- 2. Tolerate occasional exposure to heat/cold/humidity/inclement weather.
- 3. Climb, crawl, wrestle, jump, lift and drag heavy objects.
- 4. Safely operate a motor vehicle.
- 5. Tolerate loud noises that may be sudden and sustained.
- 6. Participate in physically rigorous defensive tactics training that will require normal dexterity and range of motion in the applicant's arms, legs, and waist.
- 7. Complete a timed physical agility assessment course for a duration of up to 2 minutes and 6 seconds, including, but not limited to running up and down stairs, climbing through an open window, and dragging a 140 lbs. dead weight dummy for a distance of 25 feet, and crossing over a 4-foot-high chain-link fence.
- 8. Tolerate exposure to commonly used Law Enforcement chemical irritants such as O.C. Spray and tear gas (no known life-threatening allergies).



## Georgia Peace Officer Standards & Training Council Basic Law Enforcement Officer Mandate Examination and Physicians Affidavit

Applicant Name:		DOB:	/	/
Employing Law Enforcement Agency: _				
It is my opinion this individual, from a med	lical perspective:			
can perform the essential jo	bb training functions with	h no limitations.		
cannot perform all the esse	ntial job training functio	ns due to limitatio	n (see	notes below
cannot make determination	at this time, pending red	ceipt of further inf	ormatio	on.
NOTES:				
Physician's Signature		Date:	/	/
Physician's Name (Print)		Phone:		
Address:				
City	Stata	7in.		