PRE-EMPLOYMENT PHYSICAL FITNESS CONSENT FORM

Name of Applicant: _____

Date of Birth: _____

Date of Examination: _____

Physical Fitness Assessment Exercises

1. Sit-Ups — The examinee must complete as many sit-ups as possible in 60 seconds
2. Push-Ups — The examinee must complete as many push-ups as possible
3. Mile and Half Run — The examinee must complete the mile and half course

I have reviewed the required exercises of the LSU Police Department Physical Fitness Assessment Test and find the applicant is able to safely participate in the physical exercises listed above.

_____ _____

Print Name of Physician Telephone

_____

Street Address City State Zip Code

_____ _____

Signature of Physician Date

Applicant:

I hereby release and relieve the State of Louisiana, Louisiana State University, Board of Supervisors, its officers, agents, servants, and employees, including volunteers, from and against any and all claims, demands, expenses, and liability arising out of injury or death to my person as a result of my participation in the LSU Police Department Physical Fitness Assessment Test.

_____

Signature of Applicant Date