Virginia Beach Police
Physical Ability Testing
Medical Waiver Form

Print Name _____ Test Date _____

Last Name, First Name, Middle Initial

This candidate has applied for the position of Police Officer. He or she will be required to complete a battery of four (4) tests during the Physical Ability Test.

The series of tests measures the upper and lower body muscular strength, muscular endurance, flexibility, and anaerobic power. The Physical Ability Test is comprised of the following components:

1. Push-ups. To assess muscular strength and endurance in the upper body, the applicant will perform as many correct push-ups as they can in one (1) minute.

2. Sit & Reach. To assess the flexibility in the lower back and hamstring muscle groups; the applicant will sit on the floor with legs straight and feet flat against the sit & reach box and will reach forward with their hands attempting to stretch as far as they can. The candidate will be given one practice trial which is not scored. They will then conduct three (3) test trials with 15 seconds rest between each trial.

3. Trunk Pull. To assess the maximum force that can be generated by the torso muscles; the applicant will sit on the floor, knees straight, feet placed flat against a platform, hands grabbing a bar with palms towards the floor and on the command will lean back looking at the ceiling pulling on the bar until the administrator tells them to stop. This test involves three (3) trials in which a maximal contraction is exerted on each trial for three (3) seconds. The candidate will be allowed a 30-second rest period between trials.

4. 300-Meter Run. To assess anaerobic power and lower body muscular endurance, the applicant will run 300 meters as fast as they can, their score will be the time it takes to complete the run.

In your medical opinion, is the above named candidate able to safely perform the physical ability test and physical training session?

YES _____

NO _____

Physician Signature _____ Date _____

Physician Full Name (PRINT) _____ Office Telephone Number _____

Physician Office Address _____

This waiver is valid for testing up to 60 days from the date of physician signature.
You must bring this form with you on your test date.