

## **ARKANSAS STATE POLICE**

ASP 89B Eff. 06/24/2020

## Physical Fitness Assessment Medical Release Form

Physical Fitness Assessment tests will not be scheduled until this completed form is submitted to the Arkansas State Police.

Date:	Pa	atient Name:			
detern the as	nine their physical abil ssessment to be valid.	ity levels. All portio  An instructional	ns of the assessmo video is available	icants will be assessed to ent must be completed for e on the ASP website at orm is valid for one year.	
Physic	cal fitness assessment	will consist of the ev	vents listed below:		
Ti	<b>med Events</b> : 320 yard run with a 5	5' jump, run up and	down a ramp with	n a 30 degree	
incline/decline, change directions, hurdle two 18" obstacles					
•	• 6 repetitions each of pulling and pushing the Physical Control Simulator in a 180 degree arc with 80 pounds of resistance				
•	• 10 burpees, 5 to chest and 5 to back, interspersed with 9 vaults over a 3 foot vault-rail				
No •	Carry a 100 pound to arms bent	_		above knee level with	
	PHYSICIAN/PR	IMARY CARE PROVI	DER (PCP) RECOM	MENDATION	
	The applicant is physi	cally fit to participa	te in the Physical l	Fitness Assessment.	
	The applicant is not p	hysically fit to parti	cipate in the Physi	cal Fitness Assessment.	
Physician/PCP Signature:			Date:		
Physic	cian/PCP Name (print):				
Name of Clinic: Pho				ne:	
Addre	ss:	City:	State	Zip:	