

Last Name: _____ First Name: _____ MI: _____

SECTION F: MEDICAL AND FITNESS INFORMATION

Section F1: Medical Questionnaire

This medical information is correct as of _____

Name:		Sex: M / F	
Address:		Blood Type:	
Phone(s)	Home:	Work:	
Social Security #:		Birth Date:	
Primary Care Physician:		Phone:	
Current Specialty Physician (if necessary):		Phone:	
Emergency Contact:		Relation:	
Address:		Phone:	
Preferred Hospital:			
Insurance Company:	Group #:	ID #:	
Bleeding Problems? Y / N	If Yes, Please Explain:		
Pacemaker? Y / N Model #:	Heart Valve? Y / N Name/Type:	Implants? Y / N Name/Type:	
Purpose of Medication	Prescription Name	Dose	How Often?
Location Medications are Kept while at Basic Academy:			
ALLERGIES: Medication/Food to Be Avoided:		Symptoms Expected if Consumed:	
<p>Are there any physical and/or medical conditions that might limit your active participation in a self-defense and moderately strenuous physical conditioning program? YES_____NO_____</p> <p>If YES, please explain:</p>			

Last Name: _____ First Name: _____ MI: _____

YES	NO	LEVEL OF PHYSICAL ACTIVITY (check Yes or No)		
		Are you currently involved in a regular exercise program such as walking, swimming, cycling, or jogging?		
		Do you regularly walk or run one or more miles continuously?		
		Do you practice weightlifting or calisthenics?		
		Do you perform stretching exercises on a regular basis?		
		Do you currently smoke cigarettes?		
		If YES, how many cigarettes per day? _____ If you smoked in the past, when did you quit? _____		
		Is there a family history of heart disease, hypertension, stroke, diabetes, lung disease or epilepsy?		
		If YES, please provide information regarding who the relative is, the medical problem, and the age at onset or death.		
		RELATIVE(S)	MEDICAL CONDITION	APPROXIMATE AGE AT ONSET OR DEATH
PLEASE LIST ANY SURGERY (even minor) YOU HAVE EVER HAD:				
		DATE	TYPE	HOSPITAL/MEDICAL FACILITY
HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR ANY OF THE FOLLOWING?				
YES	NO	CONDITION	DATE	PHYSICIAN/HOSPITAL
		High Blood Pressure		
		Any Cardiac Problem (including surgery/pacemaker)		
		Arthritis		
		Convulsions		
		Diabetes		
		Any Head or Neck Injury		
		Any Back Problems		
		Any Hip Problems		
		Any Ligament Damage (elbow, wrist, knee, joint)		
		Knee/Joint Problems		
		Any Rupture or Hernia		
		Asthma or Respiratory Condition		
		AIDS		
		Any Vision Problems (except those corrected by glasses or contact lenses)		
		Other Problems (please list):		

Last Name: _____ First Name: _____ MI: _____

SECTION F2: Physician/Medical Provider Release

Patient's Name: _____

Applicants/Cadets attending the Council on Law Enforcement Education and Training Basic Academy are required to perform a variety of essential physically demanding tasks including the following:

- Running
- Step and Slide Exercises (To the Left and Right)
- Diagonal and Rear Shuffle (To the Left and Right)
- Crawling on Stomach
- Bear Crawl
- Obstacle Dodge (Running in a Zig-Zag Manner around Obstacles)
- Weight Drag (Dragging a 95 lb weight 20 feet)
- Drive emergency vehicles
- Practice handcuffing
- Engage in baton and weapon retention techniques
- Qualify with both a handgun and shotgun
- Run, jump, wrestle and be thrown to the ground
- Participate in practicum activities
- Role-play in a number of job-related scenarios which require strength, agility and endurance

Specifically, while learning Defensive Tactics and Custody and Control, the cadet must have leg strength and endurance necessary for instilling, through repetition, the balanced, dynamic footwork necessary for successful defense.

- Falls and Recoveries: The student will be taught to safely impact the ground from any direction and tactically recover to a standing fighting stance. This is necessary to safeguard the student not only from attacks on the street, but to allow for the practice training of throws and take downs that are taught later as a necessary officer skill when arrest requires physical force to be exerted.
- Active Countermeasures: The student will be required to deliver a variety of full speed, full power strikes and kicks, sometimes with accentuated joint angles. The student will also be required to receive and endure such strikes, from a training partner, while holding impact bags.
- Throws and Take Downs: The student must receive and deliver full power dynamic throws resulting in full impact with the ground. The student must endure and deliver continuous applications to instill muscle memory and he or she must continue to recover in a tactical manner.
- Stabilizations: As a prerequisite to combat cuffing, the student must endure and apply repeated locks, pins and applications of body weight while learning forced ground stabilizations.
- Joint Locks: The student must endure and deliver repeated applications of maximum threshold joint locks to all parts of the body, including the neck, shoulder, elbow, wrist, fingers, hips, knees, ankles and toes.
- Handcuffing: Using various positions, locks and holds, the student will endure and deliver repeated applications of steel handcuffs to the wrists.
- Batons: The student must deliver full speed; full power baton strikes and receive same while holding impact bags. Using the rigid baton, the student will also endure and apply locks, leverage and pressures to sensitive body areas.
- Weapon Retention and Disarming: The student must have sufficient grip strength to maintain a secure grip of holstered or un-holstered weapons. The student must be capable of balanced dynamic movement and delivery of full power strikes. The student will also be required to move evasively from a variety of positions while maintaining a balanced structure and control of an adversary's weapon.

I CERTIFY THAT I HAVE REVIEWED THE APPLICANT'S MEDICAL QUESTIONNAIRE AND READ THE ABOVE STATED DESCRIPTION OF THE ACTIVITIES IN WHICH THE APPLICANT WILL BE EXPECTED TO PARTICIPATE. I UNDERSTAND THAT HE/SHE WILL BE ENGAGED IN THE HIGHLY STRESSFUL AND RIGOROUS ACTIVITIES OF LAW ENFORCEMENT TRAINING.

BASED ON MY KNOWLEDGE AND EVALUATION OF _____, I CERTIFY THAT:

_____ The applicant named above **is** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

_____ The applicant named above **is not** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

Printed Name of Treating Physician/Medical Provider

Signature of Treating Physician/Medical Provider

Date

Physician/Medical Provider Contact Phone