**Medical Verification of Physical Ability**Full-Time Basic Training Program

This form is designed to assist the administration of the Kansas Law Enforcement Training Center in determining whether a student is physically able to complete the required activities in the Basic Training Program. Completion of the form helps determine if the student is …f*ree of any physical or mental conditions which adversely affects the ability to perform the essential functions of a police officer or law enforcement officer with reasonable skill, safety and judgement*… (KSA 74-5606 (b)(7)

Failure to have the form signed may prohibit the student from participating in a Basic Training Program. Questions regarding this form should be addressed to the Associate Director for Basic Training, or designee at (620) 694-1528.

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| **Student Information** |  | **Section 1** |

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| Name: (First) | (MI) | (Last) |
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| Agency Name: |
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| Student Release: |
| I hereby authorize my health practitioner to release the information contained in this form. I further agree to release and hold harmless my health practitioner from any and all liability that might arise from the disclosure of such information. |

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| Student Signature: |  | Date | |

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| **Pre-Participation Physical Evaluation History** |  | **Section 2** |
| Students participate in a variety of training the requires physical agility. The questions contained within the form are directly related to job functions of a law enforcement officer. Examples of types of training, but not limited to, include, manipulation and discharge of firearms, person to person control tactics, building and vehicle searches, strength and cardio training, tactical casualty care, handcuffing, driving to include reverse driving at higher than normal speeds, exposure to chemical and/or electronic weapons. Students may, as part of training, role play as a suspect requiring physically agility. | | |

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| Please check Yes or No for all the following questions: |

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| **YES** | **NO** | **Does the student have adequate?** |
|  |  | Ability to walk, jog, and/or run for up to 30 minutes? |
|  |  | Ability to kneel, bend, squat, and jump? |
|  |  | Ability to twist head, neck, and torso? |
|  |  | Ability to climb stairs? |
|  |  | Ability to sit for a long period of time? |
|  |  | Ability to lay on the ground in prone, supine and fetal position? |
|  |  | Vision (correction acceptable) for day and night training? |
|  |  | Hearing for indoor and outdoor activities? |
|  |  | Fine motor skills in hands/arms? |
|  |  | Strength to hold and shoot both pistols and long guns? |
|  |  | Strength to use a baton, handcuffs, and carry up to 25lbs? |
|  |  | Ability to move between kneeling to standing without assistance? |
|  |  | Ability to wrestle, crawl, grapple? |
|  |  | Ability to apprehend, restrain, and control suspects? |
|  |  | Ability to operate with elevated stress levels? |
|  |  | Ability to drag a dummy up to 165lbs? |
|  |  | Ability to do sit ups, push-ups, leg lifts, strength and cardio training? |
|  |  | Ability to quickly move forward, backward, laterally and make sudden stops? |
|  |  | Ability to punch, kick, or strike? |
|  |  | Flexibility in shoulders, wrists, back, and knees to be handcuffed in various positions? |
|  |  | Ability to be exposed to chemical and/or electronic weapons? |
|  |  | Ability to be exposed to heat, cold, and long periods of sunlight? |

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| **YES** | **NO** | **Additional Concerns:** |
|  |  | Does the student have any unmanaged skin conditions that can be contagious to others? |
|  |  | Does the student require the use of a medical assistance device to participate in training? If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Is the student taking impairing medications that affect the safety of training associated with activities such as driving or use of firearms? If so, when is the last day the medication is needed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Physician/Recognized Health Practitioner Information** |  | **Section 3** |

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| Name: (First) | (MI) | (Last) |
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| Type of Medical Practice: |
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| Area of Specialization: |
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| Professional Credentials (Licenses, Certifications, etc.) |
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| Contact Information: | | | | |
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| Address | |  | Telephone Number | |
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| **Physician/Recognized Health Practitioner Certification** | | | |  | | **Section 4** |
| Check one of the following three options: | | | | | | |
| **Option 1:** | | | | | | |
|  | After examining the student listed in this form and reviewing the training requirements listed within this form, based on my education, training and experience, it is my opinion that the student has no medical or physical conditions that would prevent the student from completing the physical requirements of the Basic Training Program. | | | | | |
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| Physician Signature: | |  | Date | |  | |
| **Option 2:** | | | | | | |
|  | After examining the student listed in this form and reviewing the training requirements listed within this form, based on my education, training and experience, it is my opinion that the student may participate in a limited capacity following my recommended limitations and restrictions in the Basic Training Program. | | | | | |
| What if any, restrictions are recommended by the health practitioner for this student. *(Note KLETC will assess based on the recommendations by health practitioner whether the staff can accommodate the restrictions or recommendations.)* | | | | | | |
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| Physician Signature: | |  | Date | |  | |
| **Option 3:** | | | | | | |
|  | After examining the student listed in this form and reviewing the training requirements listed within this form, based on my education, training and experience, it is my opinion that the student is recommended **not** to participate in the Basic Training Program. | | | | | |
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| Physician Signature: | |  | Date | |  | |