

Form T-1a**Kentucky Law Enforcement Council*****PHYSICIAN'S MEDICAL RELEASE FORM***

Office Use Only

Mail: Kentucky Law Enforcement Council
Funderburk Building, Suite 401
4449 Kit Carson Drive
Richmond, KY 40475

Phone: 859-622-6218 **Fax:** 859-622-5943
Web: KLECS.ky.gov **Email:** KLECS@ky.gov

INSTRUCTIONS: This form must be completed by a physician, physician assistant or Nurse Practitioner, prior to the applicant participating in the physical ability, **IF** the applicant checks "yes" on any question between numbers 1-10 on the Form T-1. **If this form is required and not completed, the applicant will be sent home.**

NAME: _____

Date of Birth _____ **SSN#** _____

Peace officers in the Commonwealth of Kentucky are required to perform a variety of essential physically demanding tasks including the following:

- Walking for extended periods
- Short sprints
- Long pursuit running lasting over 2 minutes
- Jumping over and around obstacles
- Lifting and carrying objects sometimes up and down stairs
- Using hands and feet in use of force situations
- Using force in short and long term (greater than 2 minutes) efforts
- Bending and reaching
- Dragging people and objects as in extracting victims from vehicles

To measure an individual's capacity to perform these critical tasks all applicants must undergo a physical ability test consisting of the following items:

- 1.5 mile run to measure aerobic power
- 300 meter sprint to measure anaerobic power
- Sit ups to measure abdominal muscular endurance
- Push ups to measure upper body muscular endurance
- Free weight bench press to measure upper body absolute strength

Your professional opinion is requested as to whether the individual can safely participate in physical ability testing.

PLEASE CHECK ONE:

- _____ There are no contraindications to the individual either 1) being capable of performing the essential physical tasks or 2) being capable of undergoing the physical ability test items.
- _____ There are contraindications and it is recommended that the individual **not** participate in the physical ability test items.

I hereby verify that the above information is true and accurate.

Signed this _____ **day of** _____, **20**_____.

Signature of Physician, Physician Assistant or Nurse Practitioner

Printed Name of Physician, Physician Assistant or Nurse Practitioner

Paducah Police Department

Applicant's Endorsement

I understand the nature and extent of the physical activities required as part of the testing procedures conducted by the Paducah Police Department. I hereby assume any and all risks for injuries that may occur due to participating in the physical activities required as part of the testing procedures.

Applicant's Signature

Social Security Number

Date

This must be completed no more than 60 days prior to administration of the Paducah Police Department's physical fitness test. You must bring this form with you to the physical agility test.

