

## PRE-EMPLOYMENT PHYSICAL FITNESS CONSENT FORM

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

### Physical Fitness Assessment Exercises

- 1. Vertical Leap** The examinees must jump as high as possible to reach a mark measured in inches.
- 2. Push-Ups** The examinees must complete as many push-ups as possible in 60 seconds.
- 3. 300 Meter Run** The examinees must complete a 300 Meter sprint.

I have reviewed the required exercises of the LSU Police Department Physical Fitness Assessment Test and find the applicant is able to safely participate in the physical exercises listed above.

\_\_\_\_\_  
Print Name of Physician

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

### Applicant:

I hereby release and relieve the State of Louisiana, Louisiana State University, Board of Supervisors, its officers, agents, servants, and employees, including volunteers, from and against any and all claims, demands, expenses, and liability arising out of injury or death to my person as a result of my participation in the LSU Police Department Physical Fitness Assessment Test.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date