MCOLES
Michigan Commission on Law Enforcement Standards

Pre-Enrollment Physical Fitness Examination

PHYSICIAN'S HEALTH SCREENING FORM

Examinee's Name (Last, First, Middle)	Date of Birth (M/D/YYYY)	Social Security Number*
Address (Street, City, State, Zip)		Drivers License Number

Note to Examining Physician/Physician's Assistant: *Your medical exam will attest that the examinee is physically capable of performing the following 4 exercises that are required to be performed during the MCOLES Physical Fitness Examination:*

1. **Vertical Jump** — The examinee performs 3 standing vertical jumps, one jump at a time, jumping as high as possible each time.
2. **Sit-Ups** — The examinee must complete as many sit-ups as possible in 60 seconds. The back must be flat on the mat, knees bent 90%, feet flat on the floor, hands overlapped behind the head, without interlocking their fingers.
3. **Pushups** — The examinee must complete as many pushups as possible in 60 seconds. The hands must be shoulder width apart on the floor, elbows extended, locked out; feet no more than 6 inches apart; legs, hips and torso move in the same plane.
4. **One-Half Mile Shuttle Run** — The examinee runs 15 round trips between two pylons placed 88 feet apart for time.

Note to the examining physician/physician's assistant: ***You must sign below and provide the required information for this form to be valid.*** **This health screening is valid for a period of 180 days from the date of the medical screening.**

My health screen of the above identified person reveals no apparent reason why this examinee cannot safely participate in the physical exercises described above.

Physician/Physician's Assistant Name (Printed)	Phone No.	Medical License No.
Address (Street, City, State, Zip)		
Signature		Date

Examinee: You must bring this ORIGINAL form with you, signed and completely filled out by your physician/physician's assistant, when you come to take the pre-enrollment physical fitness examination at an MCOLES authorized test site.

A MEDICAL PHYSICAL SCREENING CONDUCTED BY OTHER THAN A PHYSICIAN OR A PHYSICIAN'S ASSISTANT IS NOT ACCEPTABLE. FAILURE TO FOLLOW THIS PROCEDURE AND/OR OBTAIN THE APPROPRIATE SIGNATURES WILL PREVENT YOU FROM PARTICIPATING IN THE MCOLES PHYSICAL FITNESS TESTING.

Examinee's Signature	Date

***This information is Confidential. Disclosure of confidential information is protected by the Federal Privacy Act.**

Authority: P.A. 203 of 1965.
Compliance: Voluntary-necessary before testing.
Penalty: No admission to test.

Questions regarding completion of this form should be directed to the Standards Compliance Section (517) 322-1417.