

Applicant Name: _____

**Pasco Sheriff's Office
Fitness Assessment Medical Release**

Dear Physician:

Participation in the Pasco Sheriff's Office Fitness Assessment is mandatory for all sworn and certified members. The screening will measure the member's ability to perform certain tasks and the results will be recorded. The Physical assessment test consists of the following exercises:

- Enter/ Exit a vehicle
- Twist at waist side to side
- Run 440 yards
- Transition over a 40 inch wall
- Hurdles: 24, 12, and 18 inches in height
- Low crawl under 27 inch barrier 8 feet long
- Sprint 50 feet
- Drag 150 lb sled 100ft
- Dry fire a revolver 6 times with each hand

Pasco Sheriff's Office Applicant Name: _____

The applicant named above **Can Perform** or **Cannot Perform** the physical fitness assessment as enumerated above .

If unable to perform, note conditions why: _____

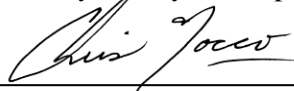
Physician Printed Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Signature of Licensed Physician: _____ **Date:** _____

Thank you for your cooperation.



Sheriff Chris Nocco