

Maryland Transportation Authority Police

Physical Agility Test

Medical Practitioner's Certification

(VALID FOR 45 DAYS FROM DATE OF PRACTITIONER'S SIGNATURE)

APPLICANT'S NAME: \_\_\_\_\_

Dear Medical Practitioner:

This applicant will be required to engage in all the elements of the Maryland Transportation Authority Police Physical Agility Test as provided for your review. Please certify medically whether this applicant can or cannot perform the elements of the Physical Agility Test safely at this time. If the applicant cannot perform the events of the Physical Agility Test at this time, please indicate when they may be anticipated to do so, for further scheduling considerations.

PHYSICAL AGILITY TEST ELEMENTS

1. Push-ups (muscular endurance) – The score is the number of push-ups performed in one minute (24 required).
2. Sit-ups (muscular endurance) – The score is the number of bent leg sit-ups performed in one minute (28 required).
3. Sit and Reach (range of motion of lower back and hamstrings) – The score is in inches reached on a yardstick (16 inches required).
4. 1.5 Mile Run (cardiovascular capacity) – The score is in minutes and seconds (must be completed in 15:55 minutes or less).
5. Vertical Jump (muscular endurance) - The score is in inches (15 inches required).
6. 300 Meter Run (cardiovascular endurance) – The score is in seconds (must be completed in 70.1 seconds or less).

To be completed by Applicant's Medical Practitioner:

Date of physical assessment: \_\_\_\_\_

Can perform at this time:  Yes  No

If "No", anticipated date when applicant can perform the events of the Physical Agility Test: \_\_\_\_\_

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MEDICAL PRACTITIONER'S SIGNATURE: (Must be completed in its entirety and personally signed by the applicant's medical practitioner. Stamped signatures affixed by office personnel on the medical practitioner's behalf are **NOT** acceptable.)

I hereby certify that I am a licensed medical practitioner and that I have satisfied and maintained the licensing requirements prescribed for my specialty. I further certify that I have reviewed this applicant's condition in a manner consistent with the standards contained in the regulations adopted by the State Board of Physicians Quality Assurance or its equivalent. My opinions are based on my personal review of the applicant's examination, and the conclusions reached are based on a reasonable degree of medical certainty. I understand that the Maryland Transportation Authority Police Medical Advisor may contact me regarding the information certified herein.

Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Maryland Transportation Authority Police  
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Name: \_\_\_\_\_  
(Last) (First) (Middle)

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Physical Agility Test Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Police Officer I  
\_\_\_\_\_ Cadet  
\_\_\_\_\_ Lateral Officer

**WAIVER OF LIABILITY**

I, the undersigned, hereby understand that I am being permitted to take the Physical Agility Test for Entry Level Police Officer / Cadet / Lateral Officer. I understand that there are dangers inherent in this training and testing and I agree to assume all risks of injury to my person and property that may be sustained in connection with the stated and associated activities (“the Activity”).

I myself, my heirs, insurers, legal representatives and assigns, release and hold harmless the State of Maryland, the Maryland Transportation Authority, and the Maryland Transportation Authority Police, its associates, employees, agents, and contractors, and the testing facility from all claims, demands and causes of action for all damage, bodily injury or liability of any kind that might accrue to me or arise out of this Activity. I hereby agree not to bring suit or other legal action, either State or Federal, based upon any claims against the State of Maryland, the Maryland Transportation Authority or the Maryland Transportation Authority Police, its associates, employees, agents and contractors, and the testing facility arising directly or indirectly from my participation in the Physical Agility Test for Police Officer I / Cadet / Lateral Officer.

By signing this form below, I acknowledge that I have read and fully understand the terms of this release. My agreement to this release and attendance and participation in this activity is done freely and voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
Time: \_\_\_\_\_



