

Medical Practitioner's Certification of  
Applicant's Ability to Perform  
Maryland Transportation Authority Police  
Physical Agility Test  
(VALID FOR 45 DAYS FROM PRACTITIONER'S SIGNATURE)

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

Dear Medical Practitioner:

This applicant will be required to engage in four elements of the Maryland Transportation Authority Police Agility Test as provided for your review. Because all the elements involve total physical involvement and exertion, please certify medically whether this applicant can or cannot perform the elements of the tests safely at this time. If he or she cannot perform at this time, please also indicate when they may be anticipated to do so, for further scheduling considerations.

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: \_\_\_\_\_

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: \_\_\_\_\_

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I have reviewed the listed elements of the Maryland Transportation Authority Police Physical Agility Test and find that the applicant identified below CAN/CANNOT (circle one) perform the elements of the test safely.

**PHYSICAL AGILITY TEST**

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 test is scored on the number of bent leg sit-ups performed in one minute (28 required).
3. **Flexibility** (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 (70.1 required).

Applicant's Name: \_\_\_\_\_

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

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

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Name: \_\_\_\_\_  
(Last) (First) (M.I.)

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

Date of Birth: \_\_\_\_\_ Written Exam Date: \_\_\_\_\_

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

**WAIVER OF LIABILITY**

In consideration of my being permitted to take the Physical Agility Test for Police Officer I/Cadet, I agree that I shall **NOT** hold the state of Maryland, the Maryland Transportation Authority Police, or any of its officials or employees, ("the releasees") responsible or liable for any personal injury or damage that I may suffer during or as a result of the Physical Agility Test.

I am voluntarily participating in the Physical Agility Test for Police Officer I/Cadet and I agree that if I, or my heirs, executors, administrators and assigns, makes a claim against the releasees despite this release, waiver of liability, and assumption of risk; I hereby indemnify and hold harmless from any loss, liability, damages, or cost which may occur as a result of such claim.

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

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