



## Illinois Law Enforcement Training and Standards Board

### Medical Certificate

Law Enforcement Pre-Test Peace Officer  
Wellness Evaluation Report (P.O.W.E.R.)  
Physical Fitness Exam

Recruit's Printed Name \_\_\_\_\_

Dear Physician/Physician's Authorized Representative:

This person is being considered for enrollment in the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Laws providing compensation for injuries make it imperative that this certificate be accurate and complete. This medical certificate will be used to decide whether the person under consideration is physically qualified for admission to the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Failure to report your findings in this examination might cause this individual great inconvenience.

The physical activity in successive order at the Law Enforcement Pre-Service P.O.W.E.R. Physical Fitness Exam includes measuring flexibility through the sit and reach test, performing a series of sit-ups in one minute, lifting in a bench press and running 1.5 miles under a certain time, depending on the age of the person.

**All** Basic Law Enforcement students are required to participate in a physical conditioning program which consists of the following physical activities; walking, running (2-5 miles per day), stretching, strength exercises, grip-strength exercises, push-ups, chin-ups, sit-ups and agility drills.

**All** Basic Law Enforcement students are required to participate in firearms and defensive tactics training which involves; manual dexterity with both hands, punching and blocking drills, and physical takedowns.

The fee for your examination will be paid for by the individual or the department for whom he/she is employed. Electrocardiogram, chest x-ray and blood tests are not necessary unless your examination indicates such tests are desirable or necessary.

### **Please Complete the Following:**

The Examinee (\_\_\_\_) is (\_\_\_\_) is not qualified to participate in the above described physical training.

\_\_\_\_\_  
Physician's Name (printed)

(\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Physician/Authorized Representative's Signature

\_\_\_\_\_  
Date

***This form must be completed and returned to the Academy prior to recruit testing.***