

# ST. CLAIR COUNTY SHERIFF'S OFFICE

## PHYSICAL AGILITY/ ABILITY EXAMINATION

By signing below you acknowledge by participation in this physical examination it exposes you to the possibility of personal injury. Being fully aware of this you hereby release the St. Clair County Sheriff's Office from any and all liability from property damage, personal injury, or any other claims arising from or in connection with your participation in this event including claims that are known or unknown, foreseen and unforeseen, now or in the future.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

### PHYSICAL ABILITY

	Time Limit	Minimum to Complete	Number Completed
Timed Pushups	:60	<u>22</u>	_____
Timed Situps	:60	<u>25</u>	_____
1.5 Mile Run	15:28	<u>15:28</u>	_____

### PHYSICAL AGILITY

(Time Limit For All Events 90 Seconds)

	GO	NO GO
Event 1-Pushing	_____	_____
Event 2-Climbing	_____	_____
Event 3-Window Entry	_____	_____
Event 4-Balance	_____	_____
Event 5-Weight Dragging	_____	_____
Passed All 5 Events	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This Applicate: \_\_\_\_\_ Has Passed This Exam  Yes  No

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