



## STATEMENT OF FITNESS For Participation In PHYSICAL ABILITY TESTING

Washington State Criminal Justice  
Training Commission  
19010 1st Ave South  
Burien, WA 98148-2055  
Phone: 206.835.7299  
[blearegistrar@cjtc.state.wa.us](mailto:blearegistrar@cjtc.state.wa.us)

### IMPORTANT!

#### PHYSICAL ABILITY TEST

This section describes the physical training component of the Basic Training Division. Each student is expected to demonstrate and maintain an acceptable level of physical fitness throughout Academy assignment. For this purpose each applicant will be expected to participate in a PAT sit-up, push-up, 300-meter sprint (BLEA only), 1.5 mile run, and meet the applicable standards of each test. To ensure suitability for these types of activities, all applicants must be examined and approved for participation by a licensed Physician (M.D, D.O.) within 6 months of the scheduled testing date.

The Basic Training Division's Physical Ability Guidelines are available on our [website](#) in correspondence with the applicable course/session.

#### PROPER USE OF PHYSICAL FORCE (Arrest, Control and Defensive Tactics)

Academy Arrest/Control/Defensive Tactics training curriculum requires each student to be actively involved in the training described below. Therefore every student will act as the officer and violator in applying and receiving techniques used to restrain resistive and aggressive individuals. Students are required to have techniques applied to them during training. Various activities will include but not be limited to:

- **Grabbing, restraining, wrestling with and maneuvering resistive partners to the ground or the wall**
- **Full Range of Motion to the point of pain of the spine, knees, wrists and elbows**
- **Being taken to the gymnasium floor by the arm and handcuffed behind the back**
- **Striking a heavy bag with elbows, knees, open hand kicks and punches**
- **Arrest, Control & Defensive Tactics training for up to six hours at a time**
- **Bending, reaching, crouching, climbing and/or crawling under and over a variety of obstacles while conducting room/vehicle searches and/or firing a handgun.**

These techniques will be applied and experienced repeatedly over several hours a day on numerous days during the training. These actions will place repeated stress on the joints and muscles of the abdomen, back, neck, knees, shoulders, wrists, and elbows. Students will sustain moderate to high impact on all parts of the body, specifically the torso, abdomen, and upper/lower back. Training is designed to ensure the safety of the student who is free from health issues and/or physical limitations.

#### **PHYSICIAN STATEMENT (FORM IS VALID 6 MONTHS FROM THE EXAMINATION DATE LISTED BELOW)**

I have reviewed the description of the physical training components **(above)** for **Basic Law Enforcement Academy (BLEA)** in assessing the applicant for participation in physical training. It is my professional opinion that Officer/Applicant \_\_\_\_\_ can **fully and actively participate** in such programs safely and without any undue hazard to his/her health.

**Name of Examining Physician or Physician's Office Stamp:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature of Examining Physician:** \_\_\_\_\_ **Examination Date:** \_\_\_\_\_

#### **AGENCY ADMINISTRATOR STATEMENT (SIGNATURE MUST OCCUR AFTER PHYSICIAN STATEMENT IS COMPLETED)**

I have reviewed the description of physical training components **(above)** for **Basic Law Enforcement Academy (BLEA)** and based upon my knowledge; believe that Officer/Applicant \_\_\_\_\_ has no physical limitation which would preclude full and active participation in such programs.

**Print Name of Training Officer/Agency Administrator:** \_\_\_\_\_

**Signature of Training Officer/Agency Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **APPLICANT STATEMENT (FORM IS VALID FOR 30 DAYS FROM LAST PHYSICAL ABILITY TEST – PAT)**

I have reviewed the description of physical training components **(above)** for **Basic Law Enforcement Academy (BLEA)** and believe that I have no existing physical limitations that would preclude me from fully and actively participating in such programs.

**Signature of Academy Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_