

Yuba College Administration to Justice
Attn: Adult Correctional Officer Course Coordinator
2088 N. Beale Road
Marysville, CA 95901

NON-AFFILIATED STUDENT

Dear Physician,

The individual you are examining has been requested to obtain a medical clearance to participate in the physical portion of an Adult Correctional Officer Course.

The individual is required to perform a variety of physically demanding activities including: Repetitive bending, standing, rapid/multi-dimensional foot movements, sustained and repeated application of pain compliance techniques to wrist/elbow/shoulder joints, and stretching/warm-up exercises to include push-ups and sit-ups.

PHYSICAL PERFORMANCE TESTING WITHIN THE ACADEMY

(Testing is evaluated on a pass or fail basis)

- *complete a 50-yard sprint within 20 seconds*
- *demonstrate the ability to drag a 165 lb. weight (dummy) for a distance of 20 ft or more*
- *demonstrate the ability to walk a total distance of 75 ft within 30 seconds wearing a 30 lb air pack or weighted backpack*
- *on a flat course starting 15 yards back from a flight of stairs or bleacher steps, walk or jog the 15 yards, climb up 10 steps, then turn, climb back down the steps, and walk briskly or jog back to the starting point within 30 seconds*
- *Run 1 1/2 Miles*
- *Do baseline number of sit-ups*
- *Do baseline number of push-ups*

MEDICAL CLEARANCE TO PARTICIPATE IN THE PHYSICAL PORTION.

(Print the name of the individual)

Having reviewed the above named person's medical history and having read the activity descriptions. I have personally examined the above named person and it is my professional opinion that:

Check one:

_____ the above named individual **can** participate in this program **without** restrictions.

_____ the above named individual **can** participate in this program with the **following restrictions** (Explain):

_____ the above named individual should not participate in this program.

Physicians Signature: _____

Date: _____

Printed Name: _____

Address: _____

City: _____

Phone Number:(_____)_____ Stamp:

AFFILIATED STUDENT'S MEDICAL CLEARANCE

PHYSICAL PERFORMANCE TESTING WITHIN THE ACADEMY

(Testing is evaluated on a pass or fail basis)

- *complete a 50-yard sprint within 20 seconds*
- *Run 1 ½ miles*
- *demonstrate the ability to drag a 165 lb. Weight (dummy) for a distance of 20 ft or more*
- *demonstrate the ability to walk a total distance of 75 ft within 30 seconds wearing a 30 lb air pack or weighted backpack*
- *on a flat course starting 15 yards back from a flight of stairs or bleacher steps, walk or jog the 15 yards, climb up 10 steps, then turn, climb back down the steps, and walk briskly or jog back to the starting point within 30 seconds*
- *Baseline number of sit-ups*
- *Baseline number of push-ups*
-

Affiliated students must present a letter from their respective agency stating that a medical examination was performed as part of the employment process and there are no limitations or restrictions that would prohibit the student from participating in this course.

Please use the following information on agency letterhead:

Date _____

This letter is to certify that _____ is currently employed by this agency in the capacity of a _____. Subsequent to his employment with this agency, a medical examination was conducted to determine that this individual met the physical requirements for this portion. This examination has revealed no physical limitations or restrictions that would prohibit this individual from participating in the physical requirements for the Adult Correctional Officer Course as outlined above. The above named individual was medically cleared for employment on _____.

Sincerely,

Signature
Title

Agency Stamp: