

Medical Clearance
(Independent Students Only)

Medical Clearance to participate in the physical conditioning program for the
Yuba College Public Safety Training Center / Correctional Officer Core Course

(Print Name of Individual)

Dear Physician,

The individual you are examining has been requested to obtain a Medical Clearance to participate in the Physical Conditioning Program at the Yuba College Correctional Officer Core Course. The physical conditioning program consists of certain physical performance tests and a program of vigorous physical conditioning. Listed below are descriptions of the physical conditioning requirements.

The student 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 feet or more
- § Demonstrate the ability to walk a total distance of 75 feet 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 ½ miles
- § Do baseline sit-ups
- § Do baseline push-ups

Having reviewed the above named individual's PAR-Q, Health and History Statement, and having read the descriptions provided of the physical performance tests and the physical conditioning activities, and having personally examined the above-named individual, it is my professional opinion that:

_____The above named individual may participate in the physical conditioning program which is unlikely to pose a significant medical risk to the above named individual.

_____The above named individual should not participate in the physical conditioning program.

Physician's Signature

Date

Physician's Printed Name

Address

Phone Number

Physician's Stamp