



PRINCE GEORGE'S COUNTY POLICE
Applicant Physical Requirement Test
(APRT)



APPLICANT'S NAME: _____

Applicant # _____

Scheduled Date of Applicant Physical Requirement Test (APRT): _____

Dear Medical Practitioner:

The above-referenced applicant will be required to participate in the Prince George's County Police Pre-Employment Applicant Physical Requirement Test (APRT). The APRT will be performed under the guidance of a Prince George's County Police Officer and consists of the below elements. You need only certify that the applicant may safely participate in the below listed exercises:

- * **Push-Ups** (Muscular Endurance) • push-ups performed in one minute, based on age and gender.
- * **Sit-Ups** (Muscular Endurance) • bent leg sit-ups performed in one minute, based on age and gender.
- * **1.5 Mile Run** (Cardiovascular) • performed in less time allowed based on age and gender.

Minimum Scores for Entrance as a Prince George's County Police Officer

Male	Push-Ups (1 Minute)	Sit-Ups (1 minute)	1.5 Mile Run
20-29	25	35	13:30
30-39	20	30	14:15
40-49	15	25	15:00
50-59	10	20	15:45

Female	Push-Ups (1 Minute)	Sit-Ups (1 Minute)	1.5 Mile Run
20-29	14	30	15:55
30-39	10	25	16:45
40-49	8	20	17:45
50-59	5	15	19:00



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TO BE COMPLETED BY THE APPLICANT'S MEDICAL PRACTITIONER:

Can perform at this time: Yes _____ No _____ (MUST be checked)

MEDICAL PRACTITIONER'S SIGNATURE... (This form must be completed in its **entirety and personally signed** by the applicant's medical Practitioner. **Stamped signatures affixed by office personnel on the medical practitioner's behalf are not acceptable.**)

I hereby certify that I am a licensed medical practitioner and that I have satisfied and maintained the licensing requirements required for my specialty. My opinions are based on my personal review of the applicant's examination. **I understand that a signed waiver will be valid for one-year from the date of exam.**

***** NO STAMPS *****

Practitioner's Signature: _____ **Date of Examination:** _____

Printed Name: _____ **Specialty:** _____

License No.: _____ **License Expiration Date:** _____

Address: _____

Telephone No.: () _____

TO BE COMPLETED BY THE APPLICANT

WAIVER OF LIABILITY

In consideration of my being permitted to take the Applicant Physical Requirement Test for Police Officer, I agree that I shall not hold Prince George's County or any of its employees responsible for any injury or damage that I may receive during or as a result of this Applicant Physical Requirement Test.

APPLICANT'S SIGNATURE: _____ **DATE:** _____