

APPLICANT'S PRINTED NAME _____



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:

EVENT	SCORE/COMPLETED	INITIALS
1. Vertical Jump – 14.8 in or more	INCHES	
2. 300 Meter Sprint – 78 seconds or less	SECONDS	
3. Push Ups – 15 or more		
4. 1.5 Mile Run – 17:30 minutes or less		
5. Trigger Pull – 6 with each hand	LH: RH:	

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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: _____