



PRINCE GEORGE'S COUNTY SHERIFF'S OFFICE

Applicant Physical Requirement Test (A.P.R.T)

Dear Medical Practitioner:

The referenced applicant will be required to participate in the Prince George's County Sheriff's Office pre-employment Applicant Physical Requirement Test (A.P.R.T). The A.P.R.T will be performed under the guidance of a Prince George's County Deputy Sheriff 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, amount based on age and gender.

* **Sit-Ups** (Muscular Endurance) bent leg sit-ups performed in one minute, amount 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 Deputy Sheriff

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



PRINCE GEORGE'S COUNTY SHERIFF'S OFFICE
Applicant Physical Requirement Test
(A.P.R.T)

Applicant: Print Last Name, First Name: _____

TO BE COMPLETED BY THE APPLICANT'S MEDICAL PRACTITIONER

Applicant 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 requirement 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 Deputy Sheriff, 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: _____