



PRINCE GEORGE'S COUNTY DEPARTMENT OF CORRECTIONS

Correctional Officer Physical Ability Test

(COPAT)

APPLICANT'S NAME: _____

Applicant # _____

Scheduled Date of Correctional Officer Physical Ability Test (COPAT): _____

Dear Medical Practitioner:

The above-referenced applicant for employment will be required to participate in the Prince George's County Correctional Officers Physical Ability Test (COPAT). The COPAT will be performed under the guidance of a Prince George's County Correctional Officer and consists of the below elements. You need only certify that the applicant may safely participate in the below listed exercises:

1. Walk – 384 feet	5. Walk – 406 feet
2. Aerobic Stair Steps – 36 times	6. *Bed search – locate items
3. Walk – 384 feet	7. **Dummy drag – 12.5 feet
4. Jog – 480 feet	8. Walk – 464 feet

**This exercise involves bending over, kneeling and/or laying on one's back to view images posted to the underside of a horizontal surface approximately 16" from the floor.*

***This exercise involves pulling, lifting, or carrying a human shaped dummy weighing approximately 165 lbs., in order to move it 12.5 feet across the floor.*

All exercises require completion in as little time as possible.



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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 only be valid for ninety (90) days from the date of exam.**

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

Practitioner's Signature:

Date of Examination:

Printed Name:

Specialty:

License No.:

License Expiration Date:

Address:

In consideration of my being permitted to take the Correctional Officer Physical Ability Test, I agree that I shall hold harmless Prince George's County, any of its employees and/or its agents 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: