



CITY OF TAMPA

Bob Buckhorn, Mayor

Department of Human Resources

Employment Services Division

MEDICAL OPINION FOR CLEARANCE FOR POLICE OFFICER PHYSICAL ABILITIES TEST

Applicant Name (**Print**): _____ Date of Exam: _____
SSN: _____

The above named applicant is scheduled for a Physical Abilities Test to establish a minimum level of physical ability as it pertains to performing the job of Police Officer. This testing includes the following:

- 1.) Unbuckle seat belt and remove trunk key from glove box.
- 2.) Exiting car/opening trunk.
- 3.) Removing each flag, which are positioned on each hip, with the opposite hand.
- 4.) Removing baton and gun from trunk, place gun on stool and run with baton in hand.
- 5.) Completing Obstacle Course #1
 - A.) 220-yard run on flat surface.
 - B.) Climb a 40" wall, followed by a series of three (24", 12", and 18") hurdles, five feet apart, ten feet beyond the wall.
 - C.) Run in a serpentine pattern through nine cones spaced 5 feet apart.
 - D.) Crawl under a 27" high, eight-foot long, low-crawl area, and drop baton.
 - E.) Sprint fifty feet and pick up handle of a 150 pound dummy.
 - F.) Drag the dummy on the ground for 100 feet and release the handle.
 - G.) Sprint 50 feet back to low crawl and pick up baton.
- 6.) Completing Obstacle Course #2
 - A.) Repeat course in reverse.
 - B.) Repeat 220-yard run.
 - C.) Place baton on stool, pick up gun and pull the trigger (two handed shooting) six times on one hand and switch to the second hand for six additional trigger pulls for a total of 12 trigger pulls.
- 7.) Taking possession of the baton, opening the trunk, placing baton and gun in the trunk, getting back into the vehicle, place trunk key in glove box and put seat belt back on, place both hands on steering wheel.

Based on the above physical requirements, review of the patient's history, physical examination findings, and ancillary tests, I find the applicant:

- ☐ **MEDICALLY CLEARED WITHOUT RESTRICTION** to perform the Police Officer Physical Abilities Test.
- ☐ **FURTHER MEDICAL EVALUATION IS REQUIRED BEFORE A MEDICAL OPINION OF ABILITY TO PERFORM THE POLICE OFFICER PHYSICAL ABILITIES TEST CAN BE RENDERED.**

Examining Physician: _____ Date: _____

PRINT Name of physician: _____ Address (may use stamp): _____

I have been informed of the results of this Medical Opinion and provided truthful information to the physician, to the best of my knowledge in order for this determination to be made.

Signature of Applicant: _____