**State of Louisiana**

**Department of Public Safety and Corrections**

**Division of Probation and Parole**

**PHYSICAL FITNESS ASSESSMENT - HEALTHCARE PROVIDER RELEASE**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The applicant listed above has applied for a job with the Louisiana Department of Corrections - Division of Probation and Parole. The applicant must complete a Physical Standards Assessment which will require him/her to complete very strenuous physical and high impact aerobic activities. Please answer fully and completely, all applicable parts. All answers must be based upon your knowledge of the patient’s current physical and mental condition. The Division of Probation and Parole must be able to determine from the answers provided if the applicant possesses the physical and mental abilities required to participate in such activities. As a result of your examination, you should be able to determine if the applicant has any medical conditions that would prevent them from safely performing the below activities. Can the applicant safely perform:

1.5 mile run [ ] Yes [ ] No Handcuffing exercises [ ] Yes [ ] No

Sit-ups [ ] Yes [ ] No Take down/handcuffing [ ] Yes [ ] No

Push-ups [ ] Yes [ ] No Joint locks [ ] Yes [ ] No

Firearms training [ ] Yes [ ] No Punch block exercises [ ] Yes [ ] No

Aerobic exercises [ ] Yes [ ] No Weapon retention techniques [ ] Yes [ ] No

Kicking exercises [ ] Yes [ ] No Ground fighting techniques [ ] Yes [ ] No

Escape exercises [ ] Yes [ ] No Other strenuous activities [ ] Yes [ ] No

Follow verbal instructions [ ] Yes [ ] No Comprehend written instructions [ ] Yes [ ] No

Participate in group activities [ ] Yes [ ] No Work with others in close physical [ ] Yes [ ] No

 proximity

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PHYSICIAN: PRINT NAME, ADDRESS, AND PHONE NUMBER

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PHYSICIAN’S SIGNATURE

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PHYSICIAN’S COMMENTS

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_