



# SHERIFF & DEPUTY SHERIFF BASIC TRAINING

## PHYSICAL CONDITION CERTIFICATION FORM

**This form must be presented upon your arrival at basic training with both sides of this form and all required signatures completed. Neither a physical nor this form is needed for waiver training.**

**Name (Last, First, Middle Initial)**

**County**

The sheriff and deputy sheriff basic training curriculum includes sections devoted to physical activity and exercise. Physical activities included in the training are related to situations, which sheriffs/deputies may encounter in the normal course of their duties. Activities include, but are not limited to, such things as control of prisoners, affecting an arrest of an actively resisting person, and defense of self or others. These activities may produce a significant level of physical stress and demand on a trainee's body, just as they would if performed on the job as a sheriff/deputy sheriff. In order to be certified as a sheriff/deputy sheriff, trainees must be physically able to participate in all aspects of the training, and demonstrate proficiency in the physical skills.

**REQUIREMENTS:** Must be able to perform the following activities without experiencing any physical complications or restrictions. Due to the significant level of physical stress and demand that these activities may place on the individual, trainee should have use of limbs and eyesight and must have no congenital problems or recent surgeries that would preclude the full performance of any of the physical activities within the basic training.

**First Aid:** Individual must be able to execute various rescue carries and transfers, perform cardio-pulmonary resuscitation and be able to easily maneuver around a body to perform various first-aid techniques.

**Court Security:** Individual must be able to lift light objects in order to perform thorough searches of a courtroom, bend to the floor to look under unmovable objects, and search persons who are actively resisting or possibly violent, and apply restraining devices to same.

**Prisoner Transportation:** Individual must be able to apply restraining devices to actively resisting or violent persons, and be able to execute bending, walking, and lifting without physical restrictions when transporting prisoners.

**Firearms:** Individual must be able to participate in basic combat shooting skills on a firing range environment for four hour intervals.

**Self Defense:** Individual must be able to effectively perform baton defensive/offensive techniques; must demonstrate self-defense techniques to include falls, punches, kicks, throws, come-along holds, take-down techniques, and a defensive posture against various attacks; and, must demonstrate prisoner handling and searching procedures on an actively resisting/violent person.

**Physical Conditioning:** Individual will receive an introduction to various types of exercise that entails: stretching, aerobics, and strength building.

\_\_\_\_\_  
**Name (Last, First, Middle Initial)**

\_\_\_\_\_  
**County**

**Physician's Certification:** A doctor must perform a physical examination of the individual and certify his/her capability to perform these activities without restrictions, and certifies such by his signature below.

\_\_\_\_ Applicant is physically capable of attending and fully participating in the Sheriff and Deputy Sheriff Basic Training Course.

\_\_\_\_ Applicant is **not** physically able to perform all the tasks outlined for attendance at the Sheriff and Deputy Sheriff Basic Training Course. (Provide information supporting this conclusion on a separate, signed sheet)

\_\_\_\_\_  
PHYSICIAN'S PRINTED NAME

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Sheriff's Certification:** The sheriff must affix his/her signature attesting that the applicant has obtained a physical examination within the past six months and is physically capable of performing the physical activities included in the basic training.

\_\_\_\_\_  
SHERIFF'S PRINTED NAME

\_\_\_\_\_  
County

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Student's Signature:** I have read and understand all physical requirements set forth for participation in this program. I am physically able to perform the physical activities included in the basic training, without any physical restrictions.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date