PRE-EMPLOYMENT PHYSICAL FITNESS CONSENT FORM

Name of Applicant: ____________________________________________

Date of Birth: ________________________________

Date of Examination: __________________________

Physical Fitness Assessment Exercises

1. Sit-Ups The examinee must complete as many sit-ups as possible in 60 seconds
2. Push-Ups The examinee must complete as many push-ups as possible
3. Mile and Half Run The examinee must complete the mile and half course

I have reviewed the required exercises of the LSU Police Department Physical Fitness Assessment Test and find the applicant is able to safely participate in the physical exercises listed above.

____________________________________________
Print Name of Physician

____________________________________________
Telephone

____________________________________________
Street Address

____________________________________________
City

____________________________________________
State

____________________________________________
Zip Code

____________________________________________
Signature of Physician

____________________________________________
Date

Applicant:
I hereby release and relieve the State of Louisiana, Louisiana State University, Board of Supervisors, its officers, agents, servants, and employees, including volunteers, from and against any and all claims, demands, expenses, and liability arising out of injury or death to my person as a result of my participation in the LSU Police Department Physical Fitness Assessment Test.

____________________________________________
Signature of Applicant

____________________________________________
Date