REPORT OF PHYSICAL EXAMINATION

State Form 23524 (R7 / 11-24)
INDIANA LAW ENFORCEMENT ACADEMY
LAW ENFORCEMENT TRAINING BOARD

INSTRUCTIONS: ***Must be completed by a physician or nurse practitioner, no earlier than 6 months prior to attending training and submitted to MedicalDocs@ilea.in.gov no later than one week prior to the entry Physical Agility Test.***

PATIENT INFORMATION			
Student's last name	Student's first name	Student's middle name	Suffix
Public Safety Identification (PSID) Number	Date of birth *(month, day, year)*	Sex ☐ Male ☐ Female	Telephone number ( )
Address of Medical Professional			
Name of Department			
Signature of patient		Date *(month, day, year)*	

PHYSICIAN / PHYSICIAN ASSISTANT / NURSE PRACTITIONER – PLEASE READ THIS SECTION BEFORE EXAMINING THE PATIENT.

Indiana law requires all law enforcement officers to attend and successfully complete a basic training program approved by the Law Enforcement Training Board. Programs approved by the Board are based upon a validated analysis of the tasks that officers must be prepared to perform, such as emergency runs, vehicle crashes/extractions, violent family and neighborhood disputes, and the arrest of combative persons. The stress, physical contact, and physical exertion experienced by an officer during these activities will equal or exceed those experienced by a contact sport athlete during a hard practice or game.

To prepare recruits / cadets to meet these physical challenges at the Academy, they will drive emergency vehicles; practice handcuffing, baton, and weapon retention techniques; qualify with both a handgun and shotgun; run, jump, wrestle, and ground fight; and role-play in a number of job-related scenarios which require strength, agility, and endurance.

Cadets / recruits coming to the Academy must report in good physical condition. During law enforcement training, students must be physically prepared to perform the physical activities listed on the attached pages.

To ensure the student/patient is physically capable of satisfactorily performing the required tasks, the following questions should be discussed with the patient.

MEDICAL CLEARANCE FOR ACADEMY ENTRANCE

A. General Questions – to be discussed by student and medical staff

-Have you failed a pre-placement medical or psychological exam within the last six (6) months? If yes, explain:

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-Are you currently under a health care provider's care for any medical condition that may interfere with the safe performance of any activity listed in Part B below? If yes, explain:

_____

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-Have you ever had chest discomfort, shortness of breath, wheezing, fainting, dizziness, or impaired vision during or immediately after exercise? If yes, explain:

_____

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-Have you sustained a disabling illness or medical condition within the last six (6) months that might affect your ability to complete any activity listed in Part B below? For example, any medical condition that might cause fainting, seizures, partial or total paralysis, or loss/impairment of motor control or vision. If yes, explain:

_____

_____

_____

-Are you on limited or light duty at your agency for any reason? If yes, explain:

_____

_____

_____

B. Physical Activities - Check box next to any/all activities you have a concern

I. PHYSICAL CONDITIONING
- ☐ Flexibility development using dynamic and static stretching exercises
- ☐ Partner-assisted and solo calisthenics
- ☐ Cardiovascular and strength endurance training, to include but not limited to pushups, sit ups, burpees, planks, squats, lunges, jogging, and sprinting; all requiring repetitions
- ☐ Interval circuit training with weights and resistance bands
- ☐ Pushing, pulling, squatting, and carrying weights up to 50lbs
- ☐ Cardiovascular development using endurance cycles (20-40 minutes at target heart rates, often in the area of 160 bpm)
- ☐ Run up to 3 miles at a time

II. FIREARMS TRAINING
- ☐ Fire handgun from standing and kneeling positions
- ☐ Fire shotgun/rifle from standing/kneeling positions
- ☐ Fire a handgun using both hands and one hand only (strong hand and support hand)
- ☐ Operate and make decisions under stressful conditions

III. DEFENSIVE TACTICS
- ☐ Wrestling, ground fighting, and takedown maneuvers
- ☐ Punches, strikes, and kicks
- ☐ Baton strike maneuvers
- ☐ Pain compliance holds to include wrist locks, handcuffing, take downs, and pressure points
- ☐ Ability to support the weight of another person during a physical struggle
- ☐ Quick transition from standing position to the ground

IV. EMERGENCY DRIVING
- ☐ Slow and high-speed driving courses (braking, emergency braking/backing, twisting, neck rotation)
- ☐ Ability to maintain throttle/accelerator control and brake control at speeds in excess of 65 mph
- ☐ Ability to move from accelerator to brake with no disruption

V. SCENARIO TRAINING AND TESTING
- ☐ Hold, arrest, restrain, and search single and multiple subjects
- ☐ Repetitive standing, walking, running on various terrains and surfaces
- ☐ Perform searches which may require looking under/over objects, kneeling, squatting, standing, prone positions
- ☐ Perform vehicle stops
- ☐ Stand, run, or walk unassisted with weapon in either hand
- ☐ Push a heavy object (e.g. vehicle)
- ☐ Perform tasks in various types of weather (heat, cold, rain, snow)

VI. FUNCTIONAL FITNESS TEST

- ☐ Run: run approximately 300 feet
- ☐ Hurdles: jump over/crawl under objects up to 18” – 24” high
- ☐ Stairs: climb up/down up to four flights of stairs
- ☐ Sprawl: get up off the floor from a prone position
- ☐ Jump: leap over a simulated ditch approximately 72” wide
- ☐ Fence Climb: get over a chain link fence 4 feet high
- ☐ Body Drag: pull a 185-pound dummy approximately 50 feet

_____STUDENT: Initial to signify you have read the activities listed and have discussed any known medical issues that interfere or affect these activities with the medical professional listed.

_____MEDICAL PROFESSIONAL: Initial you have reviewed the activities listed and discussed and documented any concerns with the student.

PHYSICAL EXAMINATION			
Height without shoes *(feet, inches)*	Weight	Blood pressure Systolic _____ Diastolic _____	Heart rate
Does this patient exhibit signs / symptoms of a communicable disease that is likely to infect others in an academy environment? ☐ Yes ☐ No			*If yes, please explain below in the Physician Comments section.*
As a result of my physical examination I have determined that this patient ☐ can ☐ cannot safely participate in the fitness examination and other types of vigorous physical activities.			
Medical Professional comments, including any documented concerns with the listed activities (attach additional pages if necessary):			
Signature of Medical Professional	Printed name of Medical Professional/Occupation	Date *(month, day, year)*	

I hereby swear/affirm under penalties of perjury that I have fully cooperated in this physical examination and discussed any and all known medical issues that might affect my ability to train at the Indiana Law Enforcement Academy.

_____ _____

Student Signature Date

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