

Illinois Law Enforcement Training and Standards Board



Medical Certificate Law Enforcement Pre-Test Peace Officer Wellness Evaluation Report (P.O.W.E.R.) Physical Fitness Exam



Recruit's Printed Name: _____
First Middle Last

Dear Physician / Physician's Authorized Representative:

This person is being considered for enrollment in the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Laws providing compensation for injuries make it imperative that this certificate be accurate and complete. This medical certificate will be used to decide whether the person under consideration is physically qualified for admission to the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Failure to report your findings in this examination might cause this individual great inconvenience.

The physical activity in successive order at the Law Enforcement Pre-Service P.O.W.E.R. Physical Fitness Exam includes stretching, lifting in a bench press, performing a series of sit-ups in one minute, and running 1.5 miles under a certain time, depending on the age of the person.

All Basic Law Enforcement students are required to participate in a daily physical conditioning program which consists of the following physical activities; walking, running (2-5 miles per day), stretching, strength exercises, grip-strength exercises, push-ups, chin-ups, sit-ups and agility drills.

All Basic Law Enforcement students are required to participate in firearms and defensive tactics training which involves; manual dexterity with both hands, punching and blocking drills, and physical takedowns.

The fee for your examination will be paid for by the individual or the department for whom he/she is employed. Electrocardiogram, chest x-ray and blood tests are not necessary unless your examination indicates such tests are desirable or necessary.

Please Complete the Following:

The Examinee **IS** **IS NOT** qualified to participate in the above described physical training.
(Please check one)

Physician / Authorized Representatives Signature: _____ Date: ____ / ____ / ____

Physician's Name (printed): _____ Telephone #: (____) ____ - ____

This form must be returned when, or prior to, the officer reporting for the P.O.W.E.R. test.

Thank You!
Michael P. Norrington
Director - MTU 15