



INFORMED CONSENT

PHYSICAL FITNESS STANDARDS

EITHER THIS FORM WITH AN ATTACHED HEALTH SCREENING QUESTIONNAIRE OR THE MEDICAL RELEASE FORM MUST BE SUBMITTED. IF YOU ANSWERED YES TO ANY QUESTIONS ON THE HEALTH SCREENING QUESTIONNAIRE, YOU MUST COMPLETE THE MEDICAL RELEASE FORM.

My signature on this form indicates that I have given my informed consent to participate in the Department of Natural Resources physical fitness standards testing in accordance with Article 31.05 of the FOP/OLC Contract and Department Directive. This testing will consist of a 1.5 mile run, one minute sit-ups, and one minute push-ups. The purpose of testing is to determine whether I meet the Ohio Peace Officer Training Commission minimum fitness standards.

Prior to participating in the testing, I understand that I will be required to complete the Health Screening Questionnaire. The purpose of this questionnaire is to ascertain risk for testing. I may also be required to obtain, at my expense, medical clearance from a qualified physician.

I agree to answer all questions on the Health Screening Questionnaire honestly and accurately. I understand the possible consequences of not doing so include reducing the chance of safely completing the testing program.

I am aware that there is a possibility of soreness after testing. I agree to follow the directions of the staff regarding proper warm-up and cool-down to minimize soreness.

Finally, I give my consent for any data gathered during testing to be used for evaluation and research purposes. I give this consent on the condition that my confidentiality is maintained.

I have read this form and understand my responsibilities.

Signature

Date