

JAMES P. NALLY, Chairman
BYRON BRAZIER, Vice-Chairman
JOHN J. DALICANDRO, Secretary
BRIAN J. RIORDAN, Board Member
JOHN R. ROSALES, Board Member
KIM R. WIDUP, Board Member
VINCENT T. WINTERS, Board Member
JENNIFER E. BAE, Board Member



Telephone: 312-603-0170
Fax: 312-603-9865
Email: Sheriff.MeritBoard@cookcountyil.gov

ROSEMARIE NOLAN, Executive Director
JOHN R. KOCH, Director of Operations

COOK COUNTY
SHERIFF'S MERIT BOARD
69 West Washington - Suite 1100
Chicago, IL 60602

MEDICAL RELEASE FOR PHYSICAL ABILITY TEST

To: Rosemarie M. Nolan, Executive Director
Cook County Sheriff's Merit Board

From: Doctor: _____ M.D.
(Doctor, please **PRINT** your full name)

I hereby certify that the following individual:

(First Name) (MI) (Last Name)

was examined by me on _____ / _____ / _____ and I have found that he/she is physically
(Month) (Day) (Year)

capable of participating in the Cook County Sheriff's Office Physical Ability Test. I certify that I have reviewed the exercises that compose the Physical Ability Test presented to me by the individual named above. I also certify that this individual is able to participate in vigorous physical exercise, with **NO RESTRICTIONS**, including running one and one half (1 & ½) miles in 16.52 minutes, completing up to twenty four (24) sit-ups in one (1) minute, and completing one (1) bench press equal to 52% of your total body weight.

Signature: _____ M.D. Date: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Physician's License Number: _____

Applicant: Upon completion of your medical examination, this form must be completed and signed by your personal physician (Doctor of Medicine) within one (1) year of both your medical exam AND your Physical Ability Test date. You must bring the completed form with you on your scheduled Physical Ability Test date; only this original form will be accepted; no substitute forms, no faxes, no copies. Failure to follow these instructions may result in your disqualification.

Note: Any false information, omissions or misrepresentations made on any documents submitted in this pre-employment process will result in immediate disqualification/termination.

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PHYSICAL ABILITY TEST RELEASE AND WAIVER

Date: _____

To: Rosemarie M. Nolan, Executive Director
Cook County Sheriff's Merit Board

From: Applicant _____
(Applicant, please **PRINT** your full name)

I understand that the **Cook County Sheriff's Merit Board** mandated **Physical Ability Test**, requires a degree of physical strength and agility and I recognize and acknowledge that there are certain risks of physical injury. As a participant in the **Cook County Sheriff's Merit Board** mandated **Physical Ability Test**, I agree to assume all risks and to release, remise and discharge the Cook County Sheriff's Merit Board, Cook County of Illinois, the Sheriff of Cook County, Moraine Valley Community College, the Officers, and/or any of its employees and/or agents thereof from any and all claims, demands and liabilities to me, my family or heirs as the direct or indirect result of any and all injuries, death, losses and/or damages to my person or property, I may consider to have been caused or may arise as the result of participating in any and all activities connected with or associated with the **Physical Ability Test**, including any errors or omissions by either the Cook County Sheriff's Merit Board, its agents or employees, and/or any conditions or latent defects in and on the premises where the particular test is given; which are alleged to be the proximate cause of my injury.

I hereby affirm and declare that I have read all the foregoing terms, conditions and declarations and I fully understand and agree with them. In addition, I have reviewed the requirements of the **Physical Ability Test** and have discussed my physical ability to perform these tests with my physician.

Name: (Print) _____

Signature: _____

Date: _____

YOU WILL NOT BE TESTED UNLESS YOUR SIGNATURE HAS BEEN NOTARIZED.
(If you do not know what a notary is, call our office when you receive this document. 312.603.0170)

NOTARY:→

Applicant: This form must be completed in its entirety and you must bring it with you on your scheduled Physical Ability Test date. Failure to follow these instructions may result in your disqualification.

PHYSICAL ABILITY TEST REQUIREMENTS

How Will Physical Fitness Be Measured?

The Physical Ability Test consists of three (3) basic tests. All applicants must pass every test. All applicants are required to meet the same level of proficiency as stated below each test.

1. 1 Minute Sit-Up Test

This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing Correctional Officer tasks that may involve the use of force and is also an important area for maintaining good posture and minimizing lower back problems.



You must obtain a score of 24 bent leg sit ups performed in one (1) minute.

2. 1.5 Mile Run

This is a timed run to measure the heart and vascular system's capability to transport oxygen. It is an important area for performing Correctional Officer tasks involving stamina and endurance and to minimize the risk of cardiovascular problems.

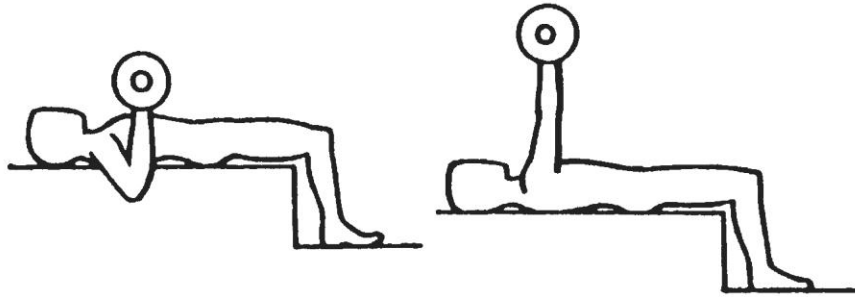


You must complete the 1.5 mile run in 16.52 minutes.

PHYSICAL ABILITY TEST REQUIREMENTS

3. One (1) Repetition Maximum Bench Press

This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing Correctional Officer tasks requiring upper body strength.



You must complete one bench press equal to 52% of your total body weight.

Please Note: You must complete all three components of the Physical Ability Test. It is highly recommended that you begin training as soon as possible.

CAMPUS MAP

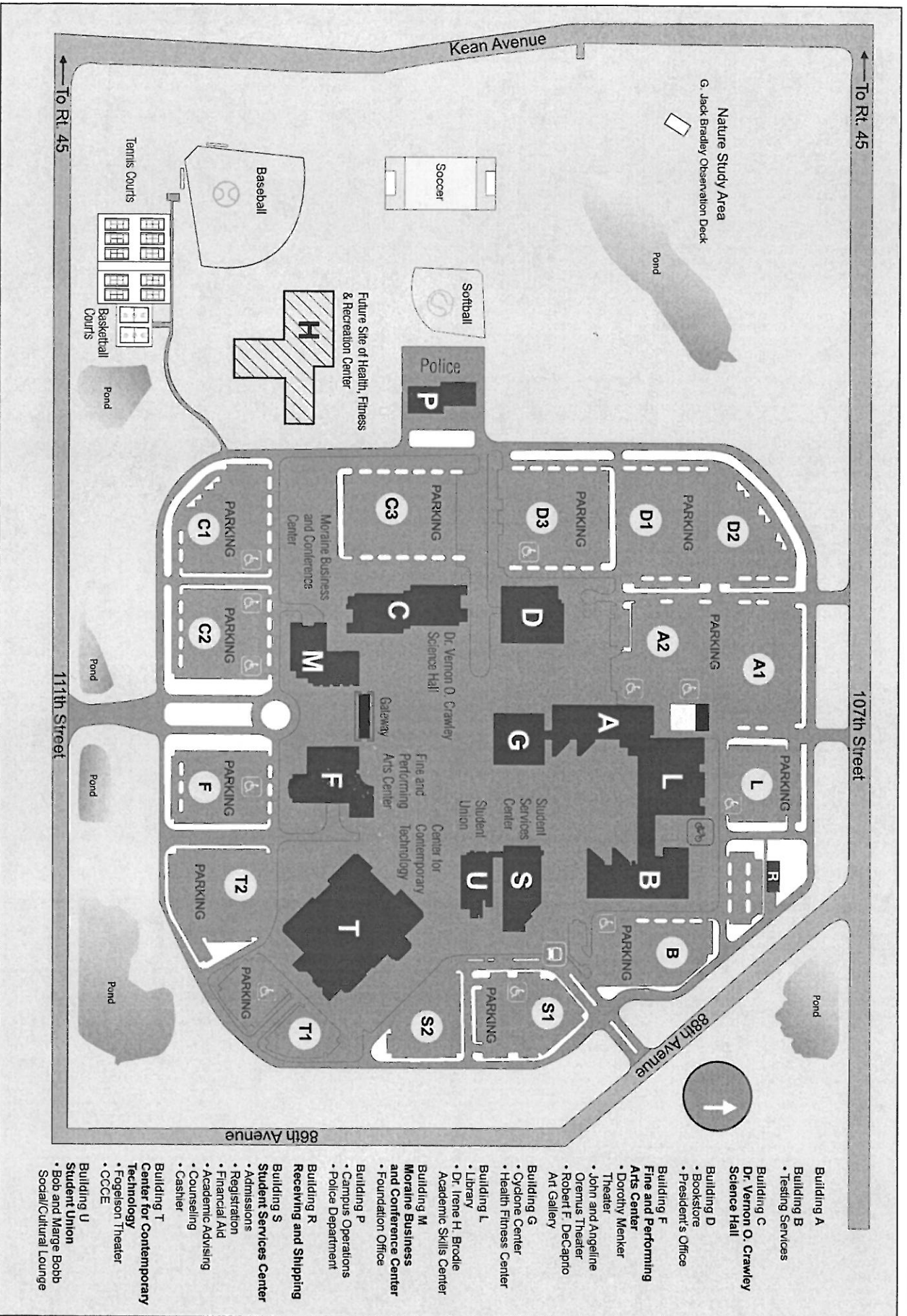
9000 W. COLLEGE PKWY., PALOS HILLS, IL 60465-2478

MORAINEVALLEY.EDU

(708) 974-4300



Moraine Valley
Community College



- Building A**
- Building B**
 - Testing Services
- Building C**
- Dr. Vernon O. Crawley Science Hall**
- Building D**
 - Bookstore
 - President's Office
- Building F**
- Fine and Performing Arts Center**
 - Dorothy Menker Theater
 - John and Angelina Oremus Theater
 - Robert F. DeCaprio Art Gallery
- Building G**
 - Cyclone Center
 - Health Fitness Center
- Building L**
 - Library
 - Dr. Irene H. Bradle Academic Skills Center
- Building M**
- Moraine Business and Conference Center**
 - Foundation Office
- Building P**
 - Campus Operations
 - Police Department
- Building R**
- Receiving and Shipping**
- Building S**
- Student Services Center**
 - Admissions
 - Registration
 - Financial Aid
 - Academic Advising
 - Counseling
 - Cashier
- Building T**
- Center for Contemporary Technology**
 - Fogelson Theater
 - CCCE
- Building U**
- Student Union**
 - Bob and Marge Bobb Social/Cultural Lounge