The Cook County Sheriff's Office prohibits all unlawful political contacts and unlawful political discrimination in all decisions related to any employment action.

By signing below, I hereby certify that no Political Reasons or Factors were considered in any decision I made or action I took relating to this Employment Action. Further, I do not know of, nor do I have any reason to believe that anyone else considered or took action based on political reasons or factors with respect to this Employment Action.

Printed Name: ____________________________ Signature: ____________________________ Date: ____________________________
MEDICAL RELEASE FOR PHYSICAL AGILITY TEST

Date: ___________________

To:   Marie Rangel, Director
      Cook County Sheriff’s Bureau of Training & Education

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 __________ / __________ / 2019 and I have found that he/she is physically
(Month)  (Day)
capable of participating in the Cook County Sheriff’s Office Physical Agility Test. I certify that I have
reviewed the exercises that compose the Physical Agility 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 (1½) miles, completing up to twenty-four (24) sit-ups,
and completing a bench press with the score based on a ratio of weight pushed divided by body weight.

Signature: __________________________________________ M.D.

Street Address: __________________________________________

City, State and Zip Code: __________________________________

Telephone Number: _______________________________________

Physician’s License Number: ________________________________

Applicant: This form must be completed and signed by your personal physician (Doctor of Medicine)
and you must bring it with you on your scheduled Physical Agility Test date. Only this original form
will be accepted; no substitute forms, no faxes, no copies. Failure to follow these instructions will result
in your disqualification.

Note: Any false information, omissions or misrepresentations made on any documents submitted in
this interview process will result in immediate disqualification as a candidate for Correctional Officer
to Deputy Sheriff Training.
COOK COUNTY SHERIFF’S BUREAU
OF TRAINING & EDUCATION
THOMAS J. DART, SHERIFF
MARIE RANGEL, DIRECTOR

SHERIFF’S POLICE ACADEMY
DEPARTMENT OF CORRECTIONS ACADEMY
BUREAU OF TRAINING
COURT SERVICES ACADEMY

PHYSICAL AGILITY TEST RELEASE AND WAIVER

Date: ____________________

To:  Marie Rangel, Director
    Cook County Sheriff’s Bureau of Training & Education

From: Applicant ____________________
      (Applicant, please PRINT your full name)

I understand that the Cook County Sheriff’s Office mandated Physical Agility 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 Office mandated Physical Agility Test, I agree to assume all risks and to release, remise and discharge the Cook County Sheriff’s Office, Cook County of Illinois, the Sheriff of Cook County, Moraine Valley Community College, 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 Agility Test, including any errors or omissions by either the Cook County Sheriff’s Office, 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 Agility 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. ((708) 974-5700)

NOTARY: →

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

MORAINNE VALLEY COMMUNITY COLLEGE
9000 W. COLLEGE PKWY., BUILDING A140
PALOS HILLS, IL 60465
TELEPHONE: (708) 974-5700
PHYSICAL AGILITY TEST REQUIREMENTS

How Will Physical Fitness Be Measured?

The Physical Agility Test consists of three basic tests. Each test is a scientifically valid test. It is recommended that five minutes of static stretching be completed prior to each test. A five-minute rest is recommended between each test, with a fifteen-minute rest before the 1.5-mile run. The tests will be given in the following sequence with a rest period between 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 tasks that may involve the use of force and is also an important area for maintaining good posture and minimizing lower back problems. The score is in the number of bent leg sit-ups performed in one minute.

   ![Sit-Up Test Diagram]

2. 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 tasks requiring upper body strength. The score is a ratio of weight pushed divided by body weight.

   ![Bench Press Diagram]
3. **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 tasks involving stamina and endurance and to minimize the risk of cardiovascular problems. *The score is in minutes and seconds.*

![1.5 Mile Run](image)

**What Are the Standards?**

- The actual performance requirement for each test is based upon norms for a national population sample.

- The applicant must pass every test listed below.

<table>
<thead>
<tr>
<th>Test Requirements</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Minute Sit-Up</td>
<td>24</td>
</tr>
<tr>
<td>Max Bench Press %</td>
<td>52%</td>
</tr>
<tr>
<td>1.5 Mile Run</td>
<td>16:52</td>
</tr>
</tbody>
</table>