



**COOK COUNTY SHERIFF'S BUREAU
OF TRAINING & EDUCATION
THOMAS J. DART, SHERIFF**



**SHERIFF'S POLICE ACADEMY
BUREAU OF TRAINING**

**DEPARTMENT OF CORRECTIONS ACADEMY
COURT SERVICES ACADEMY**

MEDICAL RELEASE FOR PHYSICAL AGILITY TEST

Date: _____

To: 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 _____ / _____ / **19** 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 (1 1/2) 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.

MORaine VALLEY COMMUNITY COLLEGE
9000 W. COLLEGE PKWY., BUILDING A140
PALOS HILLS, IL 60465
TELEPHONE(708) 974-5700



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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.

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