COOK COUNTY SHERIFF'S BUREAU OF TRAINING, EDUCATION & OPERATIONAL POLICY
THOMAS J. DART, SHERIFF
MICHAEL SCHASSBURGER, EXECUTIVE DIRECTOR

SHERIFF'S POLICE ACADEMY
BUREAU OF TRAINING

DEPARTMENT OF CORRECTIONS ACADEMY
COURT SERVICES ACADEMY
OPERATIONAL POLICY

MEDICAL RELEASE FOR PHYSICAL AGILITY TEST

Date: _____

To: Michael Schassburger, Executive Director
Cook County Sheriff's Bureau of Training, Education & Operational Policy

From: Doctor / Nurse Practitioner: _____
(**Doctor or Nurse Practitioner, please PRINT your full name**)

I hereby certify that the following individual:

_____
(First Name) (MI) (Last Name)

was examined by me on _____ / _____ / 2021 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: _____

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) or Nurse Practitioner 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 for this posting process will result in immediate disqualification.

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