



**PHYSICAL ABILITY TEST AUTHORIZATION FORM**

Each candidate seeking employment as a Howard County Recruit Deputy Sheriff will participate in the following physical ability tests after a 5-10-minute warm-up period:

1. **Abdominal Muscular Endurance** - measured by the number of bent-leg **sit-ups** performed in one minute.
2. **Muscular Endurance of the Upper Body** - measured by the number of **push-ups** performed in one minute.
3. **Cardiovascular Endurance** - measured by a 1.5-mile **run/walk**.

The candidate must achieve the following minimum scores:

Male/Age	Sit-ups	Push-ups	1.5 Mile Run/Walk
18-29	37	27	12:53
30-39	33	21	13:25
40-49	28	16	14:10
50-59	22	11	15:53

Female/Age	Sit-ups	Push-ups	1.5 Mile Run/Walk
18-29	31	14	15:32
30-39	24	10	16:43
40-49	19	8	17:38
50-59	12	7	19:43

**TO BE COMPLETED BY CANDIDATE**

CANDIDATE'S NAME (PRINT CLEARLY): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

I certify that I have reviewed the above requirements and it is my opinion that the above-named candidate can perform the elements of this test without undue risk to himself/herself. Forms completed by Nurse Practitioners will be accepted.

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

PHYSICIAN'S TELEPHONE: \_\_\_\_\_

PHYSICIAN'S ORIGINAL SIGNATURE:

\_\_\_\_\_

PLACE IMPRINT OF DOCTOR'S OFFICE STAMP HERE ➡



\*DATE: \_\_\_\_\_ (\*This form is valid for six (6) months from the date of physician's signature.)

**PHYSICIANS/NURSES ONLY** may contact Captain Granger at 410-313-4214 with any questions regarding this test.