



**Michigan Sheriffs' Coordinating and Training Council
Local Corrections Officer Physical Abilities Test
PHYSICIAN'S HEALTH SCREENING FORM**

Examinee's Name (Last, First, Middle)	Date of Birth (M/D/YYYY)	Driver's License Number
Address (Street, City, State, Zip)		

Note to Examining Physician / Physician's Assistant / Nurse Practitioner: *Your health screening will attest that the person listed above is physically capable of performing the following six (6) evolutions in a timed event that are required for the MSCTC Local Corrections Officer Physical Abilities Test (LCOPAT):*

- 1. WEIGHT CARRY** A 40 lbs. weight will be carried a total distance of 100 feet. Half-way through, the weight will be placed down on the floor and picked back up again.
- 2. STAIR CLIMB** To achieve ascending a six (6) story building, five (5) flights of stairs will be ascended and descended. Candidates will have to climb up and down a four (4) step staircase fifteen (15) times. The four (4) step ladder is exactly 1/3 a flight of stairs in a standard U.S. building.
- 3. OBSTACLE RUN** Candidates will run approximately 330 feet. They will loop around a total of six (6) cones. The cones will be staggered approximately forty-five (45) feet apart.
- 4. PEG BOARD** A candidate will have to manipulate a "notched" peg to place it into a peg board in a specific direction (much like a key). They will need to insert a total of ten (10) pegs in the peg board.
- 5. DUMMY DRAG** A 165 lbs. dummy will be dragged 22.5 feet to a turnaround point and back. The total drag will be 45 feet. The dummy will start face-down on the ground, feet facing the center court. The candidate must flip the dummy stomach up and turn the dummy so its head is facing the center before starting to drag. When returning the dummy back across the line, the candidate must return the dummy to a stomach down position.
- 6. LIE-DOWN / STAND-UPS** Candidate will lie down on their back, then stand up with knees straight and lie down on their stomach and stand up with knees straight. This will constitute 1 cycle. They will need to complete five (5) cycles.

The health screen I have conducted on this person reveals no apparent reason the person cannot safely participate in the six (6) physical evolutions described above.

Physician / Physician's Assistant / Nurse Practitioner- Name (Please Print)	Phone No.	Medical License No.
Address (Street, City, State, Zip)		
Signature	Date of Screening	

EXAMINEE:

- 1) You must bring this ORIGINAL form with you to the test, completed and signed by you and your physician /physician's assistant /nurse practitioner. Your signature verifies nothing has changed with your health since the date signed by the Health Care Professional**
- 2) Failure to present the form will prohibit you from taking the LCOPAT test.**

Examinee's Signature (verified by valid driver's license)	Date
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***This information is Confidential. Disclosure of confidential information is protected by the Federal Privacy Act. THIS FORM WILL BE VALID FOR 90 DAYS FROM THE DATE OF THE HEALTH CARE PROFESSIONAL'S SIGNATURE**
 Questions regarding completion of this form should be directed to the Michigan Sheriffs' Coordinating and Training Council (517) 999-7282.