## REPORT OF PHYSICAL EXAMINATION



State Form 23524 (R7 / 2-24) INDIANA LAW ENFORCEMENT ACADEMY LAW ENFORCEMENT TRAINING BOARD

- INSTRUCTIONS: 1. Please print legibly in black ink.
  - 2. E-mail this form to MedicalDocs@ilea.IN.gov.

2. Limitatio totali to <u>internatio bedegnora.nv.gov</u> .					
PATIENT INFORMATION  Student's last name Student's first name Student's middle name Suffix					
Student's last name	Student's first name	lame Sti			Sumix
Public Safety Identification (PSID) Number   Date	of birth (month, day, year)	Sex		Telephone number	
	(···-·····,),	☐ Male	☐ Female	( )	
Address (number and street, city, state, and ZIP code)					
Name of Department					
Signature of patient		Date (month, day, year)			
PHYSICIAN / PHYSICAIN ASSISTANT / NURSE PRACTITIONER – PLEASE READ THIS SECTION BEFORE EXAMINING THE PATIENT.					
Indiana law requires all law enforcement officers to attend and successfully complete a basic training program approved by the Law Enforcement Training Board. Programs approved by the Board are based upon a validated analysis of the tasks that law enforcement officers perform, or must be prepared to perform, each day. Emergency runs, vehicle crashes, violent family and neighborhood disputes, and the arrest of combative persons are examples of these tasks. The stress, physical contact, and exertion experienced by an officer during these activities will equal or exceed those experienced by a contact sport athlete during a hard practice or game.  To prepare recruits / cadets to meet these challenges, they will, while attending the Academy, drive emergency vehicles; practice handcuffing, baton, and weapon retention techniques; qualify with both a handgun and shotgun; run, jump, wrestle, and be thrown to the ground; participate in water rescue					
activities; and role-play in a number of job-related scenarios which require strength, agility, and endurance.					
Cadets / recruits coming to the Academy are told, in writing, to report in good physical condition. They are also provided with a booklet that describes our physical fitness examination, as well as how to prepare for it. Here is a description of the examination:					
EXERCISE Vertical Jump One Minute of Sit-ups Run - 300 Meters Push-ups (no time limit) Run -1.5 Miles  Cadets / recruits must meet the Entrance Standard given the first week in ord for them to successfully complete the Academy.					
PHYSICAL EXAMINATION					
Height without shoes (feet, inches) Weight	Blood pressure Systolic	_	Diastolic	Heart rate	
Does this patient exhibit signs / symptoms of a com academy environment?	municable disease that is likely to infe	ect others in an	☐ Yes ☐ No	If yes, please explain Physician Comments	
As a result of my physical examination I have determined that this patient  an  are cannot safely participate in the fitness examination and other types of vigorous physical activities.					
Physician / Physician Assistant / Nurse Practitioner comments:					
Signature of Physician	Printed name of Phys	sician		Date (month, day, year)	
Signature of Physician Assistant	Printed name of Phys	sician Assistant		Date (month, day, year)	
Signature of Nurse Practitioner	Printed name of Nurs	se Practitioner		Date (month, day, year)	
DO NOT WRITE BELOW THIS LINE – FOR LETB USE ONLY					
LETB comments					