

INFORMED CONSENT FOR PHYSICAL TESTING

I, _____, the undersigned, hereby consent to participate in physical exercise tests and do further consent to participate in various activities in association therewith. I further acknowledge and agree that I have been apprised of the nature of the activities which I shall participate in. These activities shall include, but are not limited to running, jumping, sit-ups, and push-ups performed in either a field or gymnasium setting. The purpose of the testing is to determine physical fitness, cardiovascular function, and health status for the position of police officer with the City of McKinney. All exercise testing physical activity sessions will be supervised and monitored by certified law enforcement fitness specialists.

Neither the City of McKinney, nor its employees, has any method to verify the physical condition of any applicant prior to their taking the physical fitness test. Therefore, the City of McKinney, its agents, and employees do not assume any responsibility for your health condition or the effects that the physical fitness test could have relative to your health and/or any known or unknown health condition.

I certify that I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health information. In addition, it is my sole responsibility to determine whether I am physically able to perform any requested physical fitness test. Furthermore, it is my responsibility to monitor my individual physical performance during any activity and advise the appropriate staff personnel if I should experience any perceived abnormal reaction. Applicants with actual or possible physical conditions of any nature that could be aggravated or which could endanger their health or physical welfare should: 1) Contact their own physician prior to taking the physical fitness test as to the medical advisability of taking such examination; and/or 2) Withdraw from completing the physical fitness test if any health factor could endanger their physical condition.

I hereby release and hold harmless the McKinney Police Department, the City of McKinney and their officers, officials, employees, agents and assigns, in both their official and individual capacities, from any and all claims, of any nature, relating to or arising out of the physical fitness test, including but not limited to claims for personal injury or death.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

Signed Name

Date

Printed Name

Witness Signature

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

You must provide an explanation for any "yes" answer. In addition, a "yes" answer may require written physician clearance before you may undergo fitness testing (this must be done prior to the exam date)

- Yes No 1. Has your doctor ever said that you have a heart condition *and* that you should only do physical activity recommended by a doctor?
- Yes No 2. Do you feel pain in your chest when you do physical activity?
- Yes No 3. In the past month, have you had chest pain when you were not doing physical activity?
- Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes No 7. Do you know of *any other reason* why you should not do physical activity?

Note:

- 1) If you have a temporary illness, such as a fever, or are not feeling well at this time, you may wish to postpone the proposed activity.
- 2) If you are pregnant, you must have clearance from your physician before beginning the fitness testing.
- 3) If there are any changes in your status relative to the above questions, please bring this information to the immediate attention of your fitness professional.

I hereby swear and affirm that all the above information is true and correct. I understand that it is my sole responsibility to determine whether I am physically able to perform any requested physical fitness test. Furthermore, it is my responsibility to monitor my individual physical performance during any activity and advise the appropriate staff personnel if I should experience any perceived abnormal reaction.

Signature

Date