



REPORT OF PHYSICAL EXAMINATION

State Form 23524 (R6 / 1-20)
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.

PATIENT INFORMATION			
Student's last name	Student's first name	Student's middle name	Suffix
Public Safety Identification (PSID) Number	Date of birth (month, day, year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone number ()
Address (number and street, city, state, and ZIP code)			
Name of department			
Signature of patient		Date (month, day, year)	

PHYSICIAN / NURSE PRACTITIONER – PLEASE READ THIS SECTION BEFORE EXAMINING THE PATIENT.																		
<p>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.</p> <p>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.</p> <p>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:</p> <table border="0"><thead><tr><th>EXERCISE</th><th>ENTRANCE STANDARD</th><th>GRADUATION STANDARD</th></tr></thead><tbody><tr><td>Vertical Jump</td><td>13.5 inches minimum</td><td>16 inches minimum</td></tr><tr><td>One Minute of Sit-ups</td><td>24 minimum</td><td>29 minimum</td></tr><tr><td>Run - 300 Meters</td><td>82 seconds or less</td><td>71 seconds or less</td></tr><tr><td>Push-ups (no time limit)</td><td>21 minimum</td><td>25 minimum</td></tr><tr><td>Run -1.5 Miles</td><td>18 minutes, 56 seconds or less</td><td>16 minutes, 28 seconds or less</td></tr></tbody></table> <p>Cadets / recruits must meet the Entrance Standard given the first week in order to be accepted into the Academy. The Graduation Standard must be met for them to successfully complete the Academy.</p>	EXERCISE	ENTRANCE STANDARD	GRADUATION STANDARD	Vertical Jump	13.5 inches minimum	16 inches minimum	One Minute of Sit-ups	24 minimum	29 minimum	Run - 300 Meters	82 seconds or less	71 seconds or less	Push-ups (no time limit)	21 minimum	25 minimum	Run -1.5 Miles	18 minutes, 56 seconds or less	16 minutes, 28 seconds or less
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PHYSICAL EXAMINATION			
Height without shoes (feet, inches)	Weight	Blood pressure Systolic _____ Diastolic _____	Heart rate
Does this patient exhibit signs / symptoms of a communicable disease that is likely to infect others in an academy environment? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain below in the Physician Comments section.
As a result of my physical examination I have determined that this patient <input type="checkbox"/> can <input type="checkbox"/> cannot safely participate in the fitness examination and other types of vigorous physical activities.			
Physician / nurse practitioner comments			
Signature of physician	Printed name of physician		Date (month, day, year)
Signature of nurse practitioner	Printed name of nurse practitioner		Date (month, day, year)

DO NOT WRITE BELOW THIS LINE – FOR LETB USE ONLY
LETB comments