



INFORMED CONSENT

PHYSICAL FITNESS STANDARDS

EITHER THIS FORM WITH AN ATTACHED HEALTH SCREENING QUESTIONNAIRE OR THE MEDICAL RELEASE FORM MUST BE SUBMITTED. IF YOU ANSWERED YES TO ANY QUESTIONS ON THE HEALTH SCREENING QUESTIONNAIRE, YOU MUST COMPLETE THE MEDICAL RELEASE FORM.

My signature on this form indicates that I have given my informed consent to participate in the Department of Natural Resources physical fitness standards testing in accordance with Article 31.05 of the FOP/OLC Contract and Department Directive. This testing will consist of a 1.5 mile run, one minute sit-ups, and one minute push-ups for the FIT test. A 300 yard swim or 300 meter run may be administered in lieu of the 1.5 mile run for the WET test option. The purpose of testing is to determine whether I meet the Ohio Peace Officer Training Commission minimum fitness standards.

Prior to participating in the testing, I understand that I will be required to complete the Health Screening Questionnaire. The purpose of this questionnaire is to ascertain risk for testing. I may also be required to obtain, at my expense, medical clearance from a qualified physician.

I agree to answer all questions on the Health Screening Questionnaire honestly and accurately. I understand the possible consequences of not doing so include reducing the chance of safely completing the testing program.

I am aware that there is a possibility of soreness after testing. I agree to follow the directions of the staff regarding proper warm-up and cool-down to minimize soreness.

Finally, I give my consent for any data gathered during testing to be used for evaluation and research purposes. I give this consent on the condition that my confidentiality is maintained.

I have read this form and understand my responsibilities.

Printed Name

Signature

Date



HEALTH SCREENING QUESTIONNAIRE

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Please answer the following questions:

| Yes | No | |
|-------|-------|---|
| _____ | _____ | 1. Has your doctor ever said you have heart trouble? |
| _____ | _____ | 2. Do you frequently have pains in your heart and chest? |
| _____ | _____ | 3. Do you often feel faint or have spells of severe dizziness? |
| _____ | _____ | 4. Has a doctor ever said your blood pressure was too high? |
| _____ | _____ | 5. Has your doctor ever told you that you have a bone or joint problem that has been aggravated by exercise or might be made worse with exercise? |
| _____ | _____ | 6. Is there a good physical reason not mentioned here why you should not participate in physical fitness testing? |
| _____ | _____ | 7. Are you over the age of 65 and not accustomed to vigorous exercise? |
| _____ | _____ | 8. Are you using any drugs that might alter your response to exercise? |

If you answered **yes** to any questions, you must consult with your physician and provide physician verification at your expense on the Medical Release Form before attempting to participate in the physical fitness testing.

Printed Name

Signature

Date

[Note: As this information relates to medical information, it should NOT be included in the employee's personnel file.]