

MERRIMACK COUNTY DEPARTMENT OF CORRECTIONS

PHYSICAL FITNESS EVALUATION INFORMED CONSENT

I authorize the Merrimack County Department of Corrections to administer and conduct an Exercise Tolerance Evaluation and other physical performance measures designed to determine my physical work capacity.

Tests included in this evaluation are tests of (1) cardio-respiratory fitness, (2) body composition, (3) flexibility, and (4) muscular strength and endurance. The most physically demanding is that of the cardio-respiratory fitness.

The cardio-respiratory fitness evaluation consists of a 300 meter run and a 1.5 mile run. The purpose is to examine my heart response to sub-maximal exercise and recovery.

Complications are few during exercise tests, especially those of sub-maximal nature and every effort will be made to conduct the test in such a way as to minimize discomfort and risk. I understand that there are potential risks that may include transient light-headedness, fainting, chest discomfort, leg cramps, muscular strain, changes in blood pressure and heart rate, and although rare, heart attacks. Any signs or symptoms with such risk will be a sign to stop the test. Every effort will be taken to ensure my health and safety.

I understand the description of the physical performance tests and their complications. Any questions I had have been answered to my satisfaction. I enter into this evaluation willingly and may withdraw at any time.

I also understand that I must obtain my physician's permission prior to embarking on any exercise or test program especially if any of the following conditions exist:

- 1) 45 years of age or older
- 2) 35 years of age or older with one or more of the major coronary risk factors with, or with symptoms suggestive of cardiopulmonary or metabolic disease (i.e. diabetes, thyroid disorder, renal disease, or liver disease):
 - High Blood Pressure (145/95+)
 - Elevated total cholesterol (over 240 mg/dl)
 - Cigarette smoking
 - Abnormal resting electrocardiogram
 - Family history of coronary disease or other atherosclerotic prior to age 50
 - Diabetes mellitus
- 3) Any age with symptoms of known heart disease
- 4) Any other conditions which would pose a risk while performing the Exercise Tolerance Evaluation.

Physical Fitness Evaluation
Informed Consent

I certify that to my knowledge, I do not have cardiovascular disease, high blood pressure, pain with exertion, diabetes, convulsions or bleeding disorders and to my knowledge, I do not have any other chronic or acute conditions that might be aggravated by a physical fitness evaluation or might make me more susceptible to the aforementioned risks. If I have any of the aforementioned conditions, my attending physician has given me permission to participate and such permission is attached hereto.

Signature: _____ Date: _____

Name (typed or printed): _____

WAIVER OF LIABILITY

I, _____ (print your name), hereby release the County of Merrimack, the Department of Corrections, and the New Hampshire Police Standards and Training Council, their employees, or agents from any liability associated with my participation in the Correctional Officer Physical Aptitude and Agility Test.

I acknowledge that the Physical Aptitude and Agility Tests are physically demanding and require strenuous physical exertion. I attest that I am physically fit to compete in this performance test and agree to hold harmless, any official, employee or agent, for any physical or medical harm, injury, or complication which I may incur or suffer while taking, or as a result of taking, such Physical Aptitude and Agility Tests.

Applicant Signature: _____ Date: _____

Applicant Name (printed): _____

Applicant Mailing Address: _____

Witness: _____ Date: _____