TO: Participating employee’s supervisor

FROM: Participating employee

DATE: __________________

SUBJECT: ANNUAL FITNESS PROGRAM SIGN-UP

I would like to participate in the annual Delray Beach Police Department’s physical fitness program. The program requires me to complete a series of fitness tests to determine my appropriate fitness activity. These tests are administered by the Department’s Fitness Trainers, and participation is for one year from the sign-up date. Should I successfully complete the program, in accordance with the requirements outlined in G.O. 650 Fitness Program, I will be eligible to earn Fitness Leave Time. Also, per G.O. 650 I am eligible for on-duty fitness time while signed-up for the program.

Approvals from you and the Department Fitness Training are required before I can participate. Please check the appropriate box, sign this memorandum, and return it to me for retention in my training file. The Fitness Coordinator will confirm my participation at the sign-up session where I will be tested for eligibility.

Supervisor Name (print) ___________________________ Date __________________

Supervisor Signature ___________________________ ID Number __________________

☐ Approved

☐ Not approved

☐ Returned memorandum to employee
Medical/Physician’s Clearance to Test Form

Name of Participant: _____________________________________________ (please print)

Dear Physician:

The purpose of this communication is to inform you of the above-named individual's intentions with regards to participation in the Delray Beach Police Department's pre-enrollment physical fitness test. We are aware that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above-named participant has any medical condition or disorder that would preclude participation.

The testing program will consist of a series of fitness test conducted at our training site. The test is intended to be completed with the fastest possible time(s) and will require maximum effort by the participant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, and aerobic power. Tests include sit-ups, push-ups or a maximum bench press, a 300-meter run and a 1.5-mile run.

Sincerely,

The Delray Beach Police Department

Statement of Physician’s Review:

I have examined this participant and his/her medical history, and based on my evaluation I recommend that:

_____ Participation is not advisable at this time. (If participation is not advised, please do not disclose the reason on this form).

_____ Within a reasonable degree of probability, no medical condition or disorder exists which precludes this participant from participation in the physical abilities tests as described.

Physician’s name (please print): _____________________________________________

Physician’s signature: _______________________________________________________

Date: ___________________
Attachment C

Fitness Data Form
(retained by trainers and uploaded to participant's training file)

Date of Testing: ____________

Name of Participant: ____________________________________________

                                    Age: _______             Height: _______

Measurements:
Weight/Body Mass Index          Weight: _______             BMI: _______
Body Fat%/Skeletal Muscle%:      BF: _______                SM: _______
Visceral Fat:                   VF: _______

Testing:
1.5-mile run:                  Time: _______                Points: _______
300-Meter run:                 Time: _______                Points: _______
1-minute push-ups:             Push-up #: _______            Points: _______
1-minute sit-ups:              Sit-up #: _______             Points: _______

Fitness Module:
☐ Cooper Test
☐ Cooper/Walking Test
☐ Walking Test

Fitness Trainer Approval:
Signature & ID # ____________________________________________

Print name ____________________________________________

***********************************************************************************************************
Post-program results:

Date of Testing: ________________

Measurements:
Weight/Height: Weight: _______             Height: _______
Body Mass Index/Body Fat:       BMI: _______             BF: _______
Visceral Fat/Skeletal Muscle:   VF: _______                SM: _______

Fitness Trainer Approval:
Signature & ID # ____________________________________________

Print name ____________________________________________
Attachment D

ANAEROBIC POWER TESTING

300-meter run

**Purpose**
To measure anaerobic power

**Equipment**
400-meter running track or any measure 300-meter flat surface that provides good traction, comfortable clothing, and running shoes.

**Procedures**
1. As with all physical tests, warm up and stretching shall precede testing.
2. If using a 400-meter track, participant runs ¾ of 1 lap (inside lane) at maximal level of effort. Time used to complete distance is recorded in seconds. Consult norms to determine fitness category.
3. Participants should walk for 3-5 minutes immediately following test to cool down.

**MALES**

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<td>&lt;68.1 secs</td>
<td>&lt;73.1 secs</td>
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Attachment E

AEROBIC FITNESS TEST
1.5-mile run

**Purpose**

To measure aerobic power

**Equipment**

1.5-mile flat surface that provides good traction, comfortable clothing, and running shoes

**Procedures**

1. As with all physical tests, warm up and stretching shall precede testing.

2. At the start, all participants line up behind the starting line. On the command ‘go’ the clock is started, and they begin running at their own pace. Although walking is allowed, it is strongly discouraged.

3. A cool down will be performed at the completion of the test.

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**MUSCULAR STRENGTH**  
*1-minute sit-up*

**Purpose**

The curl up test measures abdominal muscular strength and endurance of the abdominals and hip-flexors, important in back support and core stability.

**Equipment**

Possible floor mat, comfortable clothing, and stopwatch

**Procedures**

1. The subject lies on a cushioned, flat, clean surface with knees flexed, usually at 90 degrees.

2. Some techniques may specify how far the feet are from the buttocks, such as about 12 inches. A partner may assist by anchoring the feet to the ground.

3. The position of the hands and arms can affect the difficulty of the test. They are generally not placed behind the head as this encourages the subject to stress the neck and pull the head forward. The hand may be placed by the side of the head, or the arms crossed over the chest, reaching out in front.

4. The subject raises the trunk in a smooth motion, keeping the arms in position, curling up the desired amount. The trunk is lowered back to the floor so that the shoulder blades or upper back touch the floor.

**MALES**

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Attachment G

MUSCULAR STRENGTH
1-minute push-up

Purpose

To measure muscular strength

Equipment

Possible floor mat, comfortable clothing, and stopwatch

Procedures

1. A standard push up begins with the hands and toes touching the floor, the body and legs in a straight line, feet slightly apart, the arms at shoulder width apart, extended and at a right angle to the body.

2. Keeping the back and knees straight, the subject lowers the body to a predetermined point, to touch some other object, or until there is a 90-degree angle at the elbows, then returns to the starting position with the arms extended.

3. This action is repeated, and test continues until exhaustion, or until they can do no more in rhythm or have reached the target number of push-ups

MALES

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FEMALES

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<tr>
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Attachment H

Fitness Leave Form
(documenting time for TeleStaff)

Date of Testing: 

Name of Participant: 

Fitness Module:

☐ Cooper Test
  ☐ Meets Standards (8 hours)
  ☐ Exceeds Standards (10 hours)
  ☐ Superior Standards (12 hours)

☐ Cooper/Walking Test
  ☐ Meets Standards (4 hours)
  ☐ Exceeds Standards (6 hours)
  ☐ Superior Standards (8 hours)

☐ Walking Test
  ☐ Meets Standards (4 hours)

Approved by Fitness Coordinator:
Signature ______________________________
ID# ________________
Print name ________________________________