



Pre-Enrollment Physical Fitness Examination

PHYSICIAN'S HEALTH SCREENING FORM

Examinee's Name (Last, First, Middle)	Date of Birth (M/D/YYYY)	Social Security Number*
Address (Street, City, State, Zip)		Driver License Number

Note to Examining Physician/Physician Assistant/Nurse Practitioner: *Your medical exam will attest that the examinee is physically capable of performing the following 4 exercises that are required to be performed during the MCOLES Physical Fitness Test.*

- Vertical Jump** The examinee performs 3 standing vertical jumps, one jump at a time, jumping as high as possible each time.
- Sit-Ups** The examinee must complete as many sit-ups as possible in 60 seconds. The back must be flat on the mat, knees bent 90%, feet flat on the floor, hands overlapped behind the head, without interlocking their fingers.
- Pushups** The examinee must complete as many pushups as possible in 60 seconds. The hands must be shoulder width apart on the floor, elbows extended, locked out; feet no more than 6 inches apart; legs, hips and torso move in the same plane.
- One-Half Mile Shuttle Run** The examinee runs 15 round trips between two pylons placed 88 feet apart for time.

Note to the examining physician/physician assistant/nurse practitioner: *You must sign below and provide the required information for this form to be valid. This health screening is valid for a period of 180 days from the date of the medical screening.*

My health screen of the above identified person reveals no apparent reason why this examinee cannot safely participate in the physical exercises described above.

Physician/Physician Assistant/Nurse Practitioner Name (Printed)	Phone No.	Medical License No.
Address (Street, City, State, Zip)		
Signature		Date

Examinee: You must bring this **ORIGINAL** form with you, signed and completely filled out by your physician/physician assistant/nurse practitioner when you arrive to take the pre-enrollment physical fitness test at an MCOLES authorized test site.

FAILURE TO FOLLOW THIS PROCEDURE AND/OR OBTAIN THE APPROPRIATE SIGNATURES WILL PREVENT YOU FROM PARTICIPATING IN THE MCOLES PHYSICAL FITNESS TESTING.

Examinee's Signature	Date
----------------------	------

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

<p>Authority: P.A. 203 of 1965. Compliance: Voluntary-necessary before testing. Penalty: No admission to test.</p>

Questions regarding the completion of this form should be directed to the Standards Compliance Section 517-322-1417.