



CHARLOTTESVILLE POLICE DEPARTMENT

606 East Market Street

Charlottesville, Virginia 22902

Phone: (434) 970-3280 Fax: (434) 970-3233

Medical Waiver Form for Physical Agility Test

Print Name _____ Test Date _____
First Name, Middle Initial, Last Name

This applicant has applied for the position of Police Officer with the City of Charlottesville. Applicants are required to successfully complete the physical agility test based on the Virginia LAWFIT Work Performance Test that consists of various job related physical activities. This test will consist of a 150-yard course that will measure stamina and cardiovascular fitness in the completion of various job related physical skills. The applicant must successfully complete the (10) obstacles in succession with a pass/fail time limit of 1 minute and 36 seconds.

1. Run/Sprint 25 yards.
2. Jump a distance of 3 feet in length.
3. Run/Sprint 25 yards.
4. Climb over a five (5) foot high wall
5. Run/Sprint 10 yards.
6. Crawl under an obstacle 24" (inches) high and 10' (feet) in length.
7. Run/Sprint 25 yards.
8. Climb up and down a 8" (inch) step for 12 repetitions.
9. *Climb up and down a step using the movement of up/up, down/down. Example: first foot up, second foot up, first foot down, second foot down.* The step must be 12 repetitions.
10. Run/Sprint 15 yards.
11. Crawl through window opening (36" wide x 30" high x 3' above the ground).
12. Run/Sprint 10 yards. Identify suspect.
13. Run/Sprint 15 yards.
14. Move a 150-pound dummy 5 yards.
15. Run/Sprint 20 yards.
16. Trigger pull exercise - Fire training firearm using the dominant hand to pull the trigger once while holding the muzzle inside a stationary border six (6") inches in diameter at shoulder level. Then withdraw the weapon from the stationary border and transition to non-dominant hand, replace in border and pull trigger one more time.

In your medical opinion, is the above named applicant able to safely perform the physical agility test?

YES _____

NO _____

Physician Signature _____ Date _____

Physician Full Name (PRINT) _____ Office Telephone # _____

Physician Office Address _____

**This waiver is valid for testing up to 60 days from the date of physician signature.
You must bring this form with you on your practice and / or test date.**