



Southwest Virginia Criminal Justice Training Academy Entry-Level Training Registration Form

Name: _____ SSN: _____

DOB: _____ OLN: _____ State: _____

Department: _____ Candidate lodging needed: Yes No

The Chief Administrative Officer of each local/state agency or department is responsible for assuring that this form is completed correctly and returned to the Academy.

- A. Candidate has been reported to D.C.J.S. in TRACER? Yes No
- B. Candidate was reported as: Law Enforcement Jailer Court Security/Civil Process
- C. Candidate has completed the required physical by a licensed physician and the physical forms are included with this document: Yes No
- D. Candidate has completed the required drug screen with negative results: Yes No
- E. Candidate has a valid Operators License: Yes No
- F. A fingerprint based criminal records check, F.B.I. and C.C.R.E. has been conducted on the candidate with negative results, as mandated by State Code: Yes No
- G. The Candidate possesses a high school diploma or G.E.D. Yes No

- I certify that the candidate has been duly hired by _____, on _____ and is covered by worker's compensation insurance provided by this jurisdiction
- I certify that the candidate was sworn in on: _____
- I certify that the information provided in this document is true and correct.

Authorized Official Name (Print/Type)

Authorized Official Signature

I, _____, Notary for the Commonwealth or State of _____, in the County of _____, do hereby witness the signature of _____, who appeared before me on this _____ day of _____, 20_____.

Signature of Notarial Officer

My Commission Expires: _____

Notary Registration Number: _____

Policy for Physical Examinations

Pursuant to requirements from the Department of Criminal Justice Services regarding physical examinations for public safety academy students, the Southwest Virginia Criminal Justice Training Academy has set forth the following policy:

Prior to a recruit beginning required entry-level training, he/she must have been examined by a licensed physician within twelve (12) months prior to attending training. The employing agency must certify to the Academy that the recruit has received a current physical examination that will assure the Academy that the recruit is physically capable of performing the duties for which he/she is entering training and is physically capable of participating in the training program itself. The examination may be completed in conjunction with the departmental exam, if the Academy physical examination requirements are met. The Southwest Virginia Criminal Justice Training Academy shall provide the employing department with an outline of the parameters of the physical and related requirements for the applicable entry-level training. This information shall be made available to the examining physician by the employer.

The head of the employing department shall forward a statement by the physician that the applicant has been examined and is physically capable of all training required for which the individual is employed to the Academy prior to attending training.



**Southwest Virginia
Criminal Justice Training Academy
Entry-Level Training Medical Evaluation Form**

The following documents are to be submitted to your health care provider.

This original packet must be returned to the academy in its entirety.

The signed report of the Health Care Provider, **must be returned to the academy still attached to the document** describing the physical requirements of the training program.



**Southwest Virginia
Criminal Justice Training Academy
Entry-Level Training Medical Evaluation Form**

Dear Health Care Provider:

To assist the Southwest Virginia Criminal Justice Training Academy staff in prescribing a safe exercise regimen for the applicant that you are examining, and to insure that other training he/she is required to undergo offers no threat to his/her health, please read the physical requirements and complete and sign the attachments.

If you have any questions regarding the training program or these forms, please call the academy at 276-645-3700.

Law Enforcement Officers

Parameters for the health care provider to assist in determining an applicant's physical capability in participating in a mandatory entry-level training program for the position of public safety officer trainee.

Note: Each entry-level student officer shall be required to perform various physical tasks during the course of training. While performing the physical exam, please note any deficiencies or physical limitations which would affect the ability of the student to participate in and complete the physical training requirements as set forth.

LAW ENFORCEMENT OFFICER

A. Strenuous physical exercise requiring:

- o **physical agility**
- o **strength**
- o **musculoskeletal range of motion (to include joints)**
- o **neuro-muscular coordination, hand-eye coordination and balance**
- o **cardiopulmonary stamina and aerobic endurance**
- o **should be able to run two (2) miles**
- o **should be able to do a minimum of 20 consecutive push-ups**
- o **should be able to do a minimum of 25 consecutive sit-ups**
- o **should be able to touch toes with fingers while seated on the floor with legs straight**

Areas of training requiring physical exercise include:

1. Use of non-deadly weapons requiring use of a baton to subdue an aggressive suspect, proper footwork, maintaining of body balance, and escaping from an aggressive grab.
2. Unarmed confrontations utilizing control holds and take-down tactics that place force on joints and extremities, self-defense techniques that require strength, stamina and agility and disarming suspects with various weapons.
3. Unusual hazardous situations such as auto accidents or disaster sites where the lifting and removal of victims may be necessary, or where the administration of first aid and CPR is required.
4. Operation of a motor vehicle under emergency conditions requiring safe driving techniques, skid control, backing, and defensive driving.
5. The pursuit, arrest, and restraint of aggressive/hostile suspects requires all aspects of physical exercise.
6. Identify and use the practical mental, emotional and physical preparation and response to officer ambush or sniper situations both on foot and in a vehicle.

B. Vision-requirements set by employing agency

To include:

- o color distinction
- o night vision
- o depth of field/peripheral

Areas of training requiring correct functioning of vision areas are:

1. Observation techniques, on foot, in a vehicle and during investigations;
2. Firearms training requires completion of day and night target combat ranges;
3. Vehicle operations, color distinction of signs and suspect vehicles, and emergency traffic situations require visual acuity in all areas; and
4. Officer survival in all suspect confrontation situations, ambush or sniper situations, and handling multiple arrests require normal depth of field and peripheral functioning.

C. Hearing-requirements as set by employing agency. Under normal circumstances, the ability to hear classroom and field instruction is needed.

D. Physical ability to fire a handgun and/or shotgun. The student should have no physical deformity, defect or restriction which would prevent the loading and firing of a handgun or shotgun. Firearms training requires the student to fire from the standing, kneeling, sitting and prone positions. Combat ranges require mobility and the use of various barriers. Both day and night training are required.

E. Training is both physically and psychologically stress oriented to elicit spontaneous reactions. Students are placed in situations where they must make critical life and death decisions such as : when to use deadly force, shoot/no-shoot situations, disaster response, ambush and sniper attacks, domestic violence and response to various in-progress criminal activity. Any psychological abnormalities observed during the physical exam should be explored and thoroughly documented.



**Southwest Virginia
Criminal Justice Training Academy
Entry-Level Training Medical Evaluation
Report of Healthcare Provider**

This is to certify that I, _____, examined
(Health Care Provider's Name)

candidate _____ on ____/____/____ for
(Officer's Name)

the position of: Law Enforcement Jail/Corrections Officer Court Security/Process Server

For the _____
(Agency)

(Agency Address)

I have read the physical requirements for the position indicated above and based upon my review of past medical history, family history, physical examination, and laboratory studies, candidate

_____ is is not
(Officer's Name)

able to participate in training for the duties of the position noted above without restrictions, now and for the foreseeable future.

Comments: _____

Signature: _____ Date: _____
(Licensed Physician)



Southwest Virginia Criminal Justice Training Academy Physician Referral Form

Job Classification: _____ Date: _____

Officer Name: _____ SSN: _____

DOB: _____ Age: _____ Sex: M F

1. Date of last physical examination: _____

2. Please check any of the following conditions which are pertinent to this applicant:

<u>Etiologic Data</u>	<u>Physical Activity</u>	<u>CHD Risk Factors</u>	<u>Conditions Requiring Consideration</u>
No Heart Disease <input type="checkbox"/>	Very Active <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Claudication <input type="checkbox"/>
Rheumatic HD <input type="checkbox"/>	Normal <input type="checkbox"/>	Hypercholesterolemia <input type="checkbox"/>	Syncope <input type="checkbox"/>
Congenital HD <input type="checkbox"/>	Limited <input type="checkbox"/>	Abnormal Lipoprotein Electrophoresis <input type="checkbox"/>	Significant Muscle-Skeletal Disorder <input type="checkbox"/>
Coronary HD <input type="checkbox"/>	Very Limited <input type="checkbox"/>	Smoker <input type="checkbox"/>	
		Family History of Heart Disease <input type="checkbox"/>	
		Hyperglycemia or Diabetes Mellitus <input type="checkbox"/>	
		Marked Obesity <input type="checkbox"/>	
		Sedentary Lifestyle <input type="checkbox"/>	
		Tension/Stress <input type="checkbox"/>	

3. ECG Interpretation: _____

4. Special Cardiac Diagnosis: _____

5. Other Abnormalities: _____

6. Present Medication: _____

7. Please complete the following information if it is already available in the patient's record:

A. Blood Pressure: Systolic: _____ Diastolic: _____

B. Cholesterol: _____ mg/dl C. Triglyceride: _____ mg/dl

D. 12-lead EKG (optional for those under 35 YOA, desired for those 35 YOA or older).

Signed: _____ Date: _____
(Licensed Physician)

Address: _____

Phone: _____