



MARYLAND-NATIONAL CAPITAL PARK POLICE
 Applicant Physical Requirement Test
 (APRT)



APPLICANT'S NAME: _____

Applicant # : _____

Scheduled Date of Applicant Physical Requirement Test (APRT): _____

Dear Medical Practitioner,

The above-referenced applicant will be required by the Maryland-National Capital Park Police to participate in the Montgomery County Police Department's Pre-Employment Applicant Physical Requirement Test (APRT). In order to participate in the Montgomery County Police Academy the APRT will be performed under the guidance of a Montgomery County Police Officer/Maryland-National Capital Park Police Officer and consists of the below elements. You need only to certify that the applicant may safely participate in the below listed exercises:

- **Push-Ups** (*Muscular Endurance*) – push-ups performed in one minute, based on age and gender.
- **Sit-Ups** (*Muscular Endurance*) – bent leg sit-ups performed in one minute, based on age and gender.
- **1.5 Mile Run** (*Cardiovascular*) – performed in less time allowed, based on age and gender.

Minimum Scores for Entrance as a Maryland-National Capital Park Police Officer

Male	Push-Ups (1 Minute)	Sit-Ups (1 minute)	1.5 Mile Run
20-29	25	35	13:30
30-39	20	30	14:15
40-49	15	25	15:00
50-59	10	20	15:45
Female	Push-Ups (1 Minute)	Sit-Ups (1 minute)	1.5 Mile Run
20-29	14	30	15:55
30-39	10	25	16:45
40-49	8	20	17:45
50-59	5	15	19:00



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TO BE COMPLETED BY THE APPLICANT'S MEDICAL PRACTITIONER:

Can perform at this time: Yes _____ No _____ (MUST be checked)

MEDICAL PRACTITIONER'S SIGNATURE...(This form must be completed in its entirety and personally signed by the applicant's Medical Practitioner. Stamped signatures affixed by office personnel on the Medical Practitioner's behalf are not acceptable.)

I hereby certify that I am a licensed Medical Practitioner and that I have satisfied and maintained the licensing requirements required for my specialty. My opinions are based on my personal review of the applicant's examination. I understand that a signed waiver will be valid for one-year from the date of exam.

***** NO STAMPS *****

Practitioner's Signature: _____ Date of Examination: _____

Printed Name: _____ Specialty: _____

License Number: _____ License Expiration Date: _____

Address: _____

Telephone Number: () _____

TO BE COMPLETED BY THE APPLICANT

WAIVER OF LIABILITY

In consideration of my being permitted to take the Applicant Physical Requirement Test for Park Police Officer, I agree that I shall not hold the Montgomery County Police Department /Maryland-National Capital Park and Planning Commission or any of its employees responsible for any injury or damage that I may receive during or as a result of this Applicant Physical Requirement Test.

APPLICANT'S SIGNATURE: _____ DATE: _____