Form T-1a

## **Kentucky Law Enforcement Council**

PHYSICIAN'S MEDICAL RELEASE FORM

Mail: Kentucky Law Enforcement Council Funderburk Building, Suite 401 4449 Kit Carson Drive Richmond, KY 40475

Fax: 859-622-5943 Email: KLECS@ky.gov Phone: 859-622-6218 KLECS.ky.gov

INSTRUCTIONS: This form must be completed by a physician, physician assistant or Nurse Practitioner, prior to the applicant participating in the physical ability, IF the applicant checks "yes" on any question between numbers 1-10 on the Form T-1. If this form is required and not completed, the applicant will be sent home.

Office Use Only

NAME:	
Date of Birth	SSN#
ssential physically dema	monwealth of Kentucky are required to perform a variety of anding tasks including the following:
<ul><li>Walking for extended p</li><li>Short sprints</li></ul>	periods
<ul><li>Snort sprints</li><li>Long pursuit running la</li></ul>	asting over 2 minutes
<ul> <li>Jumping over and around</li> </ul>	
<ul> <li>Lifting and carrying obj</li> </ul>	ojects sometimes up and down stairs
	in use of force situations
D 1	nd long term (greater than 2 minutes) efforts
	objects as in extracting victims from vehicles
ındergo a physical ability	's capacity to perform these critical tasks all applicants must test consisting of the following items:
	easure anaerobic power
	dominal muscular endurance
	upper body muscular endurance
<ul> <li>Free weight bench pre</li> </ul>	ess to measure upper body absolute strength
our professional opinion hysical ability testing.	n is requested as to whether the individual can safely participate
PLEASE CHECK ONE:	
	contraindications to the individual either 1) being capable of performing physical tasks or 2) being capable of undergoing the physical ability test
	ntraindications and it is recommended that the individual <b>not</b> participate in the y test items.
	verify that the above information is true and accurate.
l hereby v	-
-	s, 20