



Medical Consent and Release Forms

Informed Consent Form

I, _____, hereby give informed consent to engage in a series of procedures relative to taking a battery of physical fitness tests. The purpose of the testing is to ascertain my level of physical fitness for job task performance capability. The test will measure the following abilities:

Walking for extended periods of time
Short sprints
Running up and down stairs

Using hands and feet in use of force situations
Bending, stooping and reaching
Moving people and objects

There always exists the possibility that certain detrimental physiological changes may occur during testing and activity. The reaction of the cardio respiratory and muscular systems to such activities can't be predicted with complete accuracy. These changes could include heat related illnesses, orthopedic injuries, abnormal cardiovascular conditions (heartbeat, blood pressure) and in rare instances, a heart attack or risk of death.

I have read this form and understand there are inherent risks associated with any physical activity. I understand that I am responsible for monitoring my own condition throughout the testing and should any unusual symptoms occur, I will cease my participation and inform the monitor.

To the best of my knowledge, I do not have any health contraindications to participate in this testing. In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of this testing. I also affirm that my questions regarding the tests have been answered to my satisfaction.

Therefore, in consideration for being allowed to participate in this testing, I do hereby voluntarily and knowingly assume the risk of such testing and I, with the intention of binding myself, my spouse, my heirs, legal representatives and assign do hereby voluntarily and knowingly release and forever discharge, indemnify and hold harmless the City of Louisville Metro, Kentucky, its officials and employees conducting or related to the testing from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from this testing.

I have read and fully understand the provisions of this release, and I have voluntarily, knowingly and intelligently executed said release and indemnification agreement with the express intentions of effecting the extinguishments of the claim and liabilities herein designated and establishing the agreements herein.

Signature of Participant

Date

Signature of Witness

Date



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Applicant Medical Release

Applicants must answer ALL questions to be eligible to complete Louisville Metro Department of Corrections (LMDC) physical agility testing exercises. Any applicant who answers yes to the below listed conditions must obtain a physician’s release before completing the physical agility test.

Name: _____ SS#: _____

Date of Birth: _____

Yes No

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Has a doctor ever said that you have heart trouble? |
| ___ | ___ | 2. Do you frequently suffer from chest pain? |
| ___ | ___ | 3. Do you often feel faint or have spells of severe dizziness? |
| ___ | ___ | 4. Do you have any pulmonary disease or difficulty breathing? |
| ___ | ___ | 5. Are you over the age of 50 and not accustomed to vigorous exercise? |
| ___ | ___ | 6. Has a doctor ever said that you have an abnormal electrocardiogram (ECG)? |
| ___ | ___ | 7. Do you have diabetes? |
| ___ | ___ | 8. Do you have a close family relative (mother, father, sister, brother) who had heart disease before the age of 50? |
| ___ | ___ | 9. Has a doctor ever said that you have high cholesterol or blood fats? |
| ___ | ___ | 10. Has a doctor ever said that you have high blood pressure? |
| ___ | ___ | 11. Has a doctor ever said that you have a muscle, skeletal or joint problem that would prevent you from doing any type of exercise? |
| ___ | ___ | 12. If you are 35 or older, do you smoke? |

If you marked “yes” to any question, the attached Physician’s Medical Release form must be completed by a physician duly licensed to practice in Indiana or the Commonwealth of Kentucky. The medical release must be received by our office before you will be scheduled for the applicant physical agility test.

I hereby verify that the above information is true and accurate.

Signed this _____ day of _____, 20 _____

Printed Name of Applicant

Signature of Applicant



Medical Consent and Release Forms

Physician's Medical Release Form

Applicant Name: _____ SS#: _____ Date of Birth: _____

Corrections Officers are required to perform a variety of essential physically demanding tasks including the following:

- Walking for extended periods of time
- Short sprints
- Long pursuits of running lasting over two minutes
- Jumping over and around obstacles
- Lifting and carrying objects, sometimes up and down stairs
- Running up and down stairs
- Using hands and feet in use-of-force situations
- Using force in short and long-term (greater than two minutes) efforts
- Bending and reaching
- Moving people and objects

To measure an individual's capability to perform these critical tasks, all applicants must undergo a physical fitness test consisting of the below listed items with a 10-minute break between the two events:

- 1) Running one mile in 13 minutes and 20 seconds
- 2) Complete a three-minute and 15-second timed obstacle course consisting of:
 - Running, ascending and descending the equivalent of four flights of stairs
 - Running approximately 170 feet through a series of rooms and hallways
 - Running and dragging an object weighing approximately 150 lbs. 40 feet

Your professional opinion is requested as to whether this individual can safely participate in physical agility testing.

Please Check One:

_____ There are no contraindications to this individual either 1) being capable of performing the essential physical tasks or 2) being capable of undergoing the physical agility test items.

_____ There are contraindications and it is not recommended that this individual participate in the physical agility test items.

I am a physician licensed to practice in either Indiana or the Commonwealth of Kentucky. I hereby verify that the above information is true and accurate.

Signed this _____ day of _____, 20_____

Signature of Physician

Printed Name of Physician