

**PHYSICIAN CLEARANCE FORM
NEBRASKA STATE PATROL
2016 SWORN OFFICER SELECTION PROCESS**

1. **YOU MAY GET THIS FORM COMPLETED UP TO 90 DAYS PRIOR TO TESTING; ANTICIPATED DATES OF PFT IN 2016 PROCESS ARE JULY OR AUGUST, 2016, AT THE TRAINING ACADEMY IN GRAND ISLAND. APPLICANTS WHO ARE STILL IN THE SELECTION PROCESS AT THIS STEP WILL BE INVITED TO ATTEND.**
2. **YOU MUST BRING THIS COMPLETED FORM WITH YOU TO THE PFT.**
3. **YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THE PFT WITHOUT THIS COMPLETED FORM. DO NOT MAIL THIS FORM TO THE STATE PATROL.**
4. **THE NEBRASKA STATE PATROL IS NOT RESPONSIBLE FOR ANY FEES INCURRED FOR HAVING A DOCTOR COMPLETE THIS FORM FOR AN APPLICANT, INCLUDING THE EXAM.**

I have examined, and am of the opinion, that _____ is capable of participating in the Nebraska State Patrol's physical fitness test (PFT) as described below:

- 1) **Body Mass Index** (BMI – No physical activity required; candidate must have a BMI of 29 kg/m² or less based on the weight and height measurements taken on the day of testing.)
- 2) **Handle Weapons** (Candidate will be required to pick up and hold a handgun, pull trigger and work the slide of the handgun three times with each hand; pick up and hold a shotgun, pulling the trigger and working the charging handle of the shotgun.)
- 3) **Scale Life & Carry** (Candidate will be required to grasp two 45-pound scales, by the handles, lift them from the ground, and carry them a distance of 30 feet.)
- 4) **Run with Obstacle** (Candidate will be required to jump down from a two-foot platform, run a total distance of 100 feet, jump across a four-foot wide obstacle on the ground, and end by crouching behind an object, with a 12-second time limit.)
- 5) **Dummy Drag** (Candidate will be required to grasp a 165-pound dummy and drag it a distance of 39 feet in 20 seconds.)
- 6) **1.5 Mile Run** (Candidate will be required to run one and one-half (1.5) miles in a time limit that is determined by gender and age. Refer to the following table for the time limits (in minutes and seconds) for each group:

| AGE GROUP | MEN | WOMEN |
|-----------|-------|-------|
| 20-39 | 15:10 | 18:30 |
| 40-49 | 16:00 | 19:20 |
| 50-59 | 17:30 | 20:45 |

Licensed Physician's Signature

Date

Printed Name of Licensed Physician, Business Location, and Phone #