PRE-HIRE PHYSICAL AGILITY TEST/PHYSICIAN WAIVER FORM
CORRECTIONAL APPLICANTS

The following is the series of tests that you will have to complete successfully to continue in the selection process. Each test lists a minimum score that must be achieved to be considered for employment as a Deputy with the Harford County Sheriff’s Office.

<table>
<thead>
<tr>
<th>Push-Ups (1 minute)</th>
<th>Sit-Ups (1 minute)</th>
<th>1.5 Mile Run (minutes:seconds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>24</td>
<td>15:50</td>
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I have reviewed the description of the Harford County Sheriff’s Office pre-hire physical agility tests detailed on the above section of this form and certify that the applicant, ________________________________, is under my care and is in appropriate physical condition to be able to safely perform the physical agility test as described.

PHYSICIAN SIGNATURE

PHYSICIAN’S NAME (Type or Print)

ADDRESS

PHONE

DATE

PLEASE NOTE: In order to participate in the physical agility testing, you must bring this signed waiver from your physician to the testing site on the date of testing.