

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

Phone: (859) 622-6218 **Fax:** (859) 622-5943
Email: KLECS@ky.gov **Web:** KLECS@ky.gov

INSTRUCTIONS: This form must be completed by the applicant prior to participating in the physical agility. Please have applicant bring form to the test site at the time of testing along with picture identification.

Name of Applicant _____

Date of Birth _____ **SSN** _____

	YES	NO	
1.			Has a doctor ever said you have heart trouble?
2.			Do you frequently suffer from chest pains?
3.			Do you often feel faint or have severe spells of dizziness?
4.			Are you over age fifty (50) and not accustomed to vigorous exercise?
5.			Has a doctor ever said you have an abnormal electrocardiogram (ECG)?
6.			Do you have diabetes?
7.			Has a doctor ever said you have high cholesterol or blood fats?
8.			Has a doctor ever said you have high blood pressure?
9.			If you are 35 or older: Do you smoke?
10.			Has a doctor ever told you that you have a muscle, skeletal, or joint problem which would stop you from doing any type of exercise?
11.			Optional: What is your reading for the following: Blood Pressure: SBP _____ DBP _____
12.			Optional: Blood lipids: Total Cholesterol _____ Total to HDL Ratio _____

If any one item between numbers 1-10 is checked "YES," the Physician's Medical Release Form (T-1a) must be completed. These forms must be received in the KLEC office on or before the scheduled date for Phase I Testing.

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

Signed this _____ **day of** _____, **20**_____.

Signature of Applicant

Printed Name of Applicant