



Town of Spring Lake Police Department

Troy A. McDuffie, Chief of Police

CONSENT TO POPAT FORM

The Undersigned hereby gives consent to engage in a series of procedures relative to a written medical health history, taking a battery of tests and participating in a variety of exercises as part of my consideration of employment with the Town of Spring Lake at the Spring Lake Police Department. The purpose of this testing is to determine my physical fitness level, cardiovascular function and health status. All exercise testing and physical activity sessions will be supervised and monitored. This activity includes:

Physical Abilities Test- Part 1 **300 Meter Run**

Interested Candidate(s) must successfully complete this test in 68 seconds or less in order to advance to Physical Abilities Test-2

Physical Abilities Test- Part 2 **Modified POPAT**

Interested Candidate(s) must successfully complete this test in 7 minutes, 20 seconds or less in order to advance to next phase of the Employment Selection Process for Spring Lake Police Department.

- Exit vehicle and run 200 yards
- Pull 150 pound victim from the vehicle and drag victim 50 feet
- Scale up and down a 5 step staircase three (3) times.
- Advance 25 feet, push open and exit through a door weighted with 50 pounds of resistance.
- Complete 10 push-ups and 10 sit-ups.
- Return 25 feet to the staircase and scale up and down the 5 step staircase three (3) times.
- Advance 25 feet and crawl through a 40 foot culvert.
- Complete 10 push-ups and 10 sit-ups.
- Run 200 yards and return to the vehicle.
- Remove a 150 pound victim and drag it 50 feet.

There exists the possibility that certain detrimental physiological changes may occur while participating in the above exercise tests. These changes could include, but are not limited to, abnormal heart rates, abnormal blood pressure, and other exercise-related injuries and in rare instances, a heart attack.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete information about my health and physical activity readiness. Furthermore, it is my responsibility to monitor my own individual physical performance during exercise testing and immediately inform the monitoring supervisors of any adverse change(s) in my condition. I have not withheld any information concerning my physical condition or ability. I agree to abide by all rules and instructions from the Physical Fitness Instructor(s).

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility. I agree not to sue and hold harmless the Town of Spring Lake and its employees.

Candidate's Printed Name _____

Candidate's Full Signature _____ Date _____