



# MISSISSIPPI

## PEACE OFFICER STANDARDS & TRAINING

### PART-TIME BASIC TRAINING PACKET

### MEMORANDUM

Dear Law Enforcement Administrator and Examining Physician:

**This training packet contains a medical evaluation, a reimbursement supplement and an application for enrollment to the academy. Please complete all forms in accordance with the instructions below. Submit the completed packet (pages 1 - 8) to the academy at least two weeks prior to attending a training course (forms that have been completed six months or more prior to training cannot be accepted).** With an increased awareness of the importance of physical fitness in the law enforcement profession, as well as in the overall maintenance of quality of life, the Board on Law Enforcement Officer Standards and Training (**BLEOST**) has enhanced fitness standards for law enforcement candidates. Trainees will be participating in vigorous physical fitness training and defensive tactics, as well as stress-related training (physical and mental), in such areas as driving, firearms and officer survival. Driving and firing events incorporate seasonal inclement weather with day and night sessions to further enhance stress-related training.

This medical examination report should provide an adequate evaluation of the physical condition of a law enforcement candidate and identify potential problem areas in each candidate's ability to successfully complete training. Agencies are urged to consider carefully any decision to enroll a student in training who has a potential problem. Trainees with weight problems, who have not been active in a physical fitness program or who have some medical difficulty, will have a greater probability of not completing the course. If at all possible, fitness levels should be at or above the minimum levels established in this packet prior to attending the basic course. **The procedures for completing these forms are as follows:**

<u>Title/Page Number</u>	<u>Usage</u>	<u>Disposition</u>
Memorandum	page i Provide information to the trainee's agency & to the examining physician	To be read and used by the agency and the attending physician, then discarded
Law Enforcement Officer's Duties & Working Conditions	page ii Provide information to the attending physician and to the applicant	To be read by the physician and the applicant, then discarded
Physical Fitness Requirements	page iii Provide information to the physician and to the applicant	To be read by the physician and the applicant, then discarded
Medical Examination Report Health Questionnaire	pages 1 & 2 Provide the physician with the trainee's current health information	To be completed by the trainee and agency then given to the physician prior to the trainee's examination
Medical Examination Report Physical Fitness Examination	pages 3, 4 & 5 To determine the applicant's ability to participate in the physical fitness program	To be completed and signed by the physician and returned to applicant's agency
Salary Information	page 6 Provide information to BLEOST for reimbursement purposes	To be completed by the agency
Law Enforcement Agency's Affidavit and Applicant's Affidavit & Injury Liability Waiver	page 7 To swear and affirm the validity of the information given within this document to the training academy and to BLEOST	To be signed and dated by the agency head or authorized signee and by the applicant
Application for Training & Personal Information Summary	page 8 Provide training eligibility information to the training academy and to BLEOST	To be completed by the trainee and agency, and returned to the academy at least two weeks prior to training

**If you have any questions, please call the BLEOST staff at (601) 987-3096.**

# PART-TIME

# PART-TIME

## INFORMATION FOR THE PHYSICIAN

### Duties and Working Conditions Encountered by Law Enforcement Officers

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. **The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.**

**The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:**

1. Use of Firearms
2. Driving Emergency Vehicles
3. Handcuff Prisoners
4. Administer First Aid
5. Rescue Operations
6. Lifting & Carrying 0-70 lbs.
7. Direct Traffic
8. Subdue Prisoners
9. Pursue Suspects
10. Walking-Lateral Mobility
11. Walking Rough Terrain
12. Bending
13. Stooping
14. Crouching
15. Sitting
16. Standing
17. Standing-Long Periods
18. Kneeling
19. Twisting Body
20. Pushing
21. Pulling
22. Running
23. Sense of Touch
24. Reaching
25. Gripping Hands & Fingers  
Climbing Stairs
26. Climbing Ladders
- 27.
28. Hearing Alarms
29. Hearing Voice Conversation
30. Color Identification
31. Close Vision
32. Far Vision
33. Side Vision-Depth Perception
34. Night Vision
35. Maintaining Balance
36. Operating Passenger Vehicles  
Finger Dexterity
37. Speaking
- 38.

**Working conditions for law enforcement officers may include, but may not be limited to, the following:**

1. Exposure to the Sun
2. Exposure to Inside  
Temperature Extremes
3. Exposure to Outside  
Temperature Extremes
4. Dampness
5. High Humidity
6. Noisy Work Areas
7. Work at Heights
8. Work in Confined Space
9. Work in Crowded Areas
10. Working Alone
11. Work with Inmates
12. Exposure to Intense Light
13. Exposure to Noxious Odors
14. Work on High Ladders
15. Working in Remote  
Locations
16. Wearing Helmets
17. Wearing Safety Glasses
18. Wearing Chemical-  
Resistant Clothing
19. Wearing Ear Plugs-Muffs
20. Wearing Rubber Boots
21. Exposure to Bee Stings
22. Exposure to Poison Oak
23. Exposure to Dust or Pollen  
Exposure to Fumes
24. Air Travel
25. Working Long Hours
- 26.
27. Working with Adult Mental  
Patients
28. Working Night Shifts
29. Working Day Shifts
30. Working Weekends
31. Exposure to Tobacco Smoke
32. Exposure to Other Smoke
33. Working at High Elevation
34. Working With Mentally Retarded  
Persons
35. Providing Remote Emergency  
Medical Assist.
36. Scuba Diving

# PART-TIME

# INFORMATION FOR THE PHYSICIAN CONTINUED

## Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the trainee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

Beginning July 1, 1995, the BLEOST will require all board-approved training academies to administer an entry physical fitness test for those trainees reporting to the 10-week basic training program. The examination will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those trainees who fail the examination must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of four components: Flexibility, agility run, push-ups, and a 1 ½ mile run. It is the same test administered at the end of the program with one exception: The entry examination requires 50% to pass while the final test mandates 70%. This new requirement does not relieve trainees from participating in P.T. training once they pass the entry requirement. Trainees will continue to participate in daily P.T. training and must also pass a final P.T. test with a minimum score of 70% in order to graduate. Trainees will be given only one chance to successfully pass the entry examination. It is important that all trainees understand this since even a physically fit person who has engaged in poor eating or drinking habits before reporting could fail the test.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

AGE GROUPS ➤		20-29		30-39		40-50+	
	Score	Male	Female	Male	Female	Male	Female
<b>AGILITY RUN</b> (maximum allowed times for each group measured in seconds)	100%	15:90	17:80	16:40	18:90	17:35	20:55
	70%	18:60	21:10	19:10	22:20	20:05	23:85
	50%	20:40	23:30	20:90	24:40	21:85	26:05
<b>TRUNK FLEXION</b> (minimum required flexion for each group measured in inches)	100%	25	26	24	25	23	24
	70%	11	12	10	11	9	10
	60%*	3	4	2	3	1	2
<b>1.5 MILE RUN</b> (maximum allowed times for each group measured in minutes)	100%	9:00	10:48	10:00	12:00	11:00	13:12
	70%	14:30	17:18	15:30	18:30	16:30	19:42
	50%	18:10	21:38	19:10	22:50	20:10	24:02

\* There are no 50% measurements for the trunk flexion event.

AGE GROUPS ➤		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52 +	
	Score	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<b>PUSH-UPS</b> (minimum required in a two minute time limit)	100%	82	58	80	56	78	54	73	52	72	48	66	45	62	41	56	40
	70%	52	28	50	26	48	24	43	22	42	18	36	17	32	13	26	12
	50%	32	13	30	11	28	10	23	9	22	8	18	7	17	6	12	6

# MEDICAL EXAMINATION REPORT HEALTH QUESTIONNAIRE

**To be completed by the applicant & the applicant's agency.  
Print or type in ink**

Applicant's Name \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Applicant's Department/Agency \_\_\_\_\_

Name of Office or Clinic \_\_\_\_\_

Department's Address \_\_\_\_\_

Clinic's Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

PART-TIME

**TO THE APPLICANT:** Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B, and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered **Yes** in this questionnaire. Write your own account in **Sections B** and **C**. Include diagnosis and dates.

**SECTION A** - check each condition or ailment that applies **Yes** or **No**.  
Explain each **Yes** answer in **Section B** and list physicians consulted in **Section C**.

	Condition	No	Yes	Hosp		Condition	No	Yes	Hosp
1.	Head injury				24.	Sensitivity to dust			
2.	Back trouble, pain				25.	Other allergies			
3.	Any defect of bones/joints including amputations, dislocations or breaks				26.	Frequent colds			
4.	Lameness				27.	Cancer, malignancy			
5.	Rheumatism, arthritis				28.	Tumor, growth, cyst			
6.	Trick/locked knee, knee injury				29.	Complications from childhood diseases			
7.	Foot trouble				30.	Polio			
8.	Eye injury, surgery, disease				31.	Rheumatic fever			
9.	Wear or have worn glasses/contacts				32.	Heart trouble, circulatory trouble			
10.	Hard of hearing, hearing problems				33.	High, low blood pressure			
11.	Wear or have worn a hearing aid				34.	Varicose veins			
12.	Headaches				35.	Pernicious anemia, leukemia, other blood disorders or ailments			
13.	Mental illness, nervous breakdown				36.	Hepatitis, jaundice, other liver ailments			
14.	Addiction to drugs, alcohol				37.	Diabetes, sugar in urine			
15.	Fainting, dizzy spells				38.	Ulcers, other stomach trouble			
16.	Epilepsy, fits				39.	Colitis			
17.	Any disorder of the nervous system				40.	Gall bladder trouble			
18.	Tuberculosis, other lung trouble				41.	Kidney/bladder trouble			
19.	Shortness of breath				42.	Piles/hemorrhoids			
20.	Asthma				43.	Rupture/hernia			
21.	Bronchitis				44.	Mononucleosis			
22.	Allergic reaction to poison oak, ivy				45.	HIV/ARC/AIDS			
23.	Skin trouble								



## PHYSICAL FITNESS EXAMINATION

Name \_\_\_\_\_ Age \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### THRESHOLD WEIGHT TABLE

Height in Inches	Threshold Weight	Height in Inches	Threshold Weight
52	75	69	176
53	80	70	184
54	85	71	192
55	89	72	200
56	94	73	209
57	99	74	217
58	105	75	226
59	110	76	235
60	116	77	245
61	121	78	255
62	128	79	265
63	134	80	275
64	141	81	285
65	147	82	297
66	154	83	307
67	161	84	318
68	168		

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

### BODY FAT LIMITS

MALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	20.4	23.5	25.5	27.1
FEMALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	27.7	28.9	32.1	35.6

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this individual's present weight of \_\_\_\_\_ pounds to be: \_\_\_ satisfactory; \_\_\_ excessive; \_\_\_ deficient. Under proper medical supervision, the applicant should: \_\_\_ lose / \_\_\_ gain - \_\_\_\_\_ lbs.

Comments: \_\_\_\_\_

PART-TIME

1. **VISUAL ACUITY** (If applicant wears glasses, test and record with and without glasses.)

With Glasses right 20/\_\_\_ left 20/\_\_\_ both 20/\_\_\_ Fields of Vision right \_\_\_ left \_\_\_  
Depth Perception \_\_\_ Color Perception \_\_\_  
W/out Glasses right 20/\_\_\_ left 20/\_\_\_ both 20/\_\_\_

Note any abnormalities or comments: \_\_\_\_\_

2. **HEARING** right 15/\_\_\_ left 15/\_\_\_

Drum perforation or damage: \_\_\_\_\_

Hearing aid \_\_\_ (Normal hearing is generally considered to be able to distinguish the words in a whispered conversation from ten (10) feet away.)

Note any abnormalities or comments: \_\_\_\_\_

PART-TIME

3. **HEAD** Note any injury, deformity or disease involving:

nose and sinus \_\_\_\_\_ throat and neck \_\_\_\_\_

mouth \_\_\_\_\_ teeth and jaw \_\_\_\_\_

Note any abnormalities or comments: \_\_\_\_\_

4. **LUNGS** Note any abnormalities or comments: \_\_\_\_\_

5. **CARDIOVASCULAR SYSTEM**

<u>action</u>	<u>blood pressure</u>	<u>pulse</u>	<u>sounds</u>	<u>rhythm</u>
at rest	___ / ___	___	___	___
after moderate exercise	___ / ___	___	___	___
two minutes after moderate exercise	___ / ___	___	___	___

Circulation to extremities: \_\_\_\_\_

EKG results: \_\_\_\_\_  
(The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: \_\_\_\_\_

PART-TIME

6. **MUSCULO-SKELETAL SYSTEM** (Test by bending, stooping and squatting. Also, test by head, arm, hand, finger, leg and foot motions.)

Spine: Mobility \_\_\_\_ Symmetry \_\_\_\_ Posture \_\_\_\_ Upper Extremities \_\_\_\_ Lower Extremities \_\_\_\_

Note any abnormalities or comments: \_\_\_\_\_

7. **NERVOUS SYSTEM** Note any abnormalities or comments: \_\_\_\_\_

8. **ABDOMEN, RECTAL** Note any abnormalities or comments: \_\_\_\_\_

9. **GENITO-URINARY** Urinalysis: Specific gravity \_\_\_\_ Sugar \_\_\_\_ ALB \_\_\_\_

Note any abnormalities or comments: \_\_\_\_\_

10. **SKIN** Note any abnormalities or comments: \_\_\_\_\_

11. Are there any conditions physical, mental or emotional which in your opinion suggest a need for further examination? \_\_\_\_ If yes, explain on a separate 8 1/2 by 11 inch sheet of paper.

12. With respect to the duties and conditions listed on page ii, do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? \_\_\_\_ If so, explain on a separate 8 1/2 by 11 inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? \_\_\_\_ If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? \_\_\_\_ If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are indicated? \_\_\_\_ If **not**, please explain on a separate 8 1/2 by 11 sheet of paper.

**PHYSICIAN'S AFFIDAVIT**

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee is physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

\_\_\_\_\_  
Print or Type the Name of the Attending Physician

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of the Attending Physician

## SALARY INFORMATION

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

**NOTE: As of July 1, 1998 any officer (law enforcement trainee) who is not certified within two years from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.**

**Attach a copy of the applicant's payroll voucher in the blank space below or complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.**

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly or monthly salary in the amount of \$\_\_\_\_\_ during his or her part-time basic training.

**Attach the applicant's payroll voucher below, if needed.**

# PART-TIME

**NOTE: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.**

**LAW ENFORCEMENT AGENCY'S AFFIDAVIT**

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the \_\_\_\_\_ Academy and will be considered on active duty status, with my organization, during his or her training period.

PART-TIME

\_\_\_\_\_  
Print or Type the Signee's Name

\_\_\_\_\_  
Signature of the Agency Head or Authorized Signee

\_\_\_\_\_  
Date

**APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER**

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

\_\_\_\_\_  
Signature of Applicant (sign in ink)

\_\_\_\_\_  
Date Signed

PART-TIME

**APPLICATION FOR TRAINING AND PERSONAL INFORMATION SUMMARY**

Agency or Department \_\_\_\_\_

Dept.'s Address \_\_\_\_\_ Dept.'s Phone Number \_\_\_\_\_

Street or Post Office Box City Zip

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last, First Middle

Date of part-time Employment \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Street or Post Office Box City Zip

Total criminal justice experience (years) \_\_\_\_ . Criminal justice training completed \_\_\_\_ /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? \_\_\_\_ First Aid Card? \_\_\_\_

High School Graduate \_\_\_\_ or G. E. D. \_\_\_\_

Name of School City State

College Attended \_\_\_\_\_

Degrees held or College Units (credit hours) earned \_\_\_\_\_

Military Experience \_\_\_\_\_

# of Years Rank Branch of Service

Spouse's Name \_\_\_\_\_ Child's Name(s) \_\_\_\_\_

Special Skills \_\_\_\_\_

Languages \_\_\_\_\_ Hobbies \_\_\_\_\_

Family Doctor \_\_\_\_\_ Known Allergies \_\_\_\_\_

Emergency Contact & Phone Number \_\_\_\_\_ Alternate Contact & Phone Number \_\_\_\_\_

**Attach the applicant's photograph below. Trim the photograph to fit.**

PART-TIME