POLICE OFFICER PHYSICAL ABILITIES TEST

Post-Course Form

School Director	<u>School/Agency</u>		<u>Dates</u>	
		From:	To:	

Note: This form is to be completed and submitted to CJ Standards with all other post-course documents.

SSN (4): Last four digits of SSN

<u>Injury</u>: Students injured during POPAT ONLY - indicate with 'Yes' or 'No' and provide details in the notes section

Age: At time of final testing

Time: P1/P2 - Split times for both push-up events; S1/S2 - Split times for both push-up events; Time - Total time

<u>No.</u>	Student Name	SSN (4)	<u>Injury</u>	<u>Sex</u>	Race	<u>Age</u>	<u>P1</u>	<u>P2</u>	<u>S1</u>	<u>S2</u>	<u>Time</u>
1											
2											
3											l
4											
5											ı
6											
7											
8											ı
9											ı
10											ı
11											ı
12											
13											
14											<u>i</u>
15											
16											
17											
18											
19											į
20											į
21											

<u>No.</u>	Student Name	SSN (4)	<u>Injury</u>	Sex	Race	Age	<u>P1</u>	<u>P2</u>	<u>S1</u>	<u>S2</u>	<u>Time</u>
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											

Notes:		