

# POLICE OFFICER PHYSICAL ABILITIES TEST (POPAT)

Post-Course Form

\_\_\_\_\_  
School Director

\_\_\_\_\_  
School/Agency

\_\_\_\_\_  
Course Start Date

\_\_\_\_\_  
Course End Date

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

SSN (4): Last 4 digits of SSN

Age: At time of final test

Injury: Students injured during POPAT only-Indicate with "Yes" or "No" and provide details in "Notes" section.

#	Student Name	SSN (4)	Injury	Age	Sex	Time: Scenario 1 Chase/Apprehension	Time: Scenario 2 Rescue
1							
2							
3							
4							
5							
6							
7							
8							
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22							
23							
24							
25							

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Post-Course Form (page 2)

#	Student Name	SSN (4)	Injury	Age	Sex	Time: Scenario 1 Chase/Apprehension	Time: Scenario 2 Rescue
26							
27							
28							
29							
30							
31							
32							
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**Notes:**