



Municipality  
Of  
Anchorage

# Anchorage Police Department

Recruiting and Background Investigation Unit  
4501 Elmore Road • Anchorage, Alaska 99507-1599



Service since 1921

## Certificate of Physical Fitness Form

**Police Officer Applicant Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Note: Certificate is valid for 30 days from date of medical exam.**

**The Anchorage Police Department Physical Ability Test is a strenuous test!**

The Police Officer Applicant listed above must complete the six tasks listed:

1. Grip Strength: Using a hand dynamometer the applicant must be able to achieve at least 70 lbs of pressure when squeezing the dynamometer.
2. Bend, Twist and Touch: Applicant stands with back to wall, bends down and touches an "X" on the floor between their feet, rises, twists to the left and touches the "X" on the wall behind the applicant with both hands (this counts as one cycle). The applicant then bends back down, touches the "X" on the floor, rises, twists to the right and touches the "X" on the wall behind them with both hands (counts as the second cycle). Applicant must complete a total of at least 15 cycles in 20 seconds.
3. Sit-ups: 32 sit-ups within 60 seconds.
4. Push-ups: 24 push-ups, no time limit.
5. One Hundred yard dash: Must be completed within 19 seconds.
6. One mile run: Must be completed within 10 minutes and 49 seconds.

I am a certified medical professional licensed to conduct physical exams. I certify that the above listed police officer applicant is able to perform the physical agility test as described on this form with or without an accommodation. If reasonable accommodation is required, please state the accommodation necessary:

**Signature of Examining Medical Professional:** \_\_\_\_\_

**Professional's Name (Print)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Applicant's Affirmation** I affirm that on the above date, the above medical professional performed a physical fitness exam on me.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*The recruiting process, the selection process, the qualification process and the employment process, including pay and benefits, are subject to change at any time and are at the exclusive interpretation of the Municipality of Anchorage – an equal opportunity and affirmative action employer complying with Title 1 of ADA.*



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## RELEASE OF LIABILITY

for APD Physical Ability Test



Service since 1921

Police Officer Applicant Last Name (Printed) \_\_\_\_\_

Police Officer Applicant First Name/Middle Initial \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to indemnify and hold harmless, the Municipality of Anchorage, its agents, employees and servants, from any claims, lawsuits or liability arising out of loss, damage or injury to persons or property, including myself, which may occur during the course of or as a result of my participation in the Physical Ability Testing Program conducted by the Anchorage Police Department.

This physical ability test evaluates your ability to perform the essential functions of the position. If you require reasonable accommodation in order to take the physical ability test, please inform APD background personnel prior to the administration of the test and this must be documented on the *Certificate of Physical Fitness Form*.

I understand that the Physical Ability Test requires that I complete the following six tasks: a grip strength test, push-ups, sit-ups, a bend-twist-touch test, a one-hundred yard dash, and a one mile run.

**Dress:** If you are scheduled for the physical ability test, dress is athletic attire (tennis shoes, T-shirt, sweats, etc.). Note: for Sit-ups test, Please wear attire that does not reveal undergarments.

\_\_\_\_\_  
**Applicant's Signature** Date \_\_\_\_\_

(Do not sign until in the presence of APD Background Personnel

\_\_\_\_\_  
**APD Witness to Signature/DSN** Date \_\_\_\_\_

|                           |       |                  |   |
|---------------------------|-------|------------------|---|
| <b>Grip Strength:</b>     | _____ | <b>Pass/Fail</b> | <b>(70 lbs minimum)</b>                   |
| <b>Bend-Twist-Touch:</b>  | _____ | <b>Pass/Fail</b> | <b>(15 cycles within 20 secs.)</b>        |
| <b>Sit-Ups:</b>           | _____ | <b>Pass/Fail</b> | <b>(32 within 60 secs.)</b>               |
| <b>Push-Ups:</b>          | _____ | <b>Pass/Fail</b> | <b>(24 minimum, no time limit)</b>        |
| <b>100 Yard Dash:</b>     | _____ | <b>Pass/Fail</b> | <b>(within 19 seconds)</b>                |
| <b>One Mile Run</b>       | _____ | <b>Pass/Fail</b> | <b>(within 10 minutes and 49 seconds)</b> |
| Staff Signature/DSN _____ |       |                  |   |

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