



**UNITED STATES CAPITOL POLICE
HEALTH CARE PROVIDER RELEASE FORM
ATTACHMENT C**

CP-
1477B
(03/14)

(Please Type or Print Legibly)

Dear Physician:

Your patient, _____, has applied for a law enforcement position with the United States Capitol Police (USCP) and has requested that you certify him/her as physically capable of safely performing the USCP Physical Readiness Test (PRT).

The testing program will consist of a series of physical readiness tests conducted at our training site. These timed tests will measure cardiovascular fitness, upper body strength, and agility. Tests will include: (Scores are adjusted for age and sex)

- 1.5 mile run/walk — Measure cardiovascular endurance
- One repetition bench press — Measure muscular strength
- Illinois Agility Test (Shuttle Run) — Measure agility and speed

The goal is to determine whether the applicant is capable of performing the minimum physical standards required of law enforcement officers for the United States Capitol Police.

I have examined this applicant and his/her medical history, and based upon my evaluation I recommend that:

____ Participation by this patient in the USCP Physical Readiness Test is NOT advised. (If you advise against participation, please do not disclose the applicant's medical condition on this form)

____ No apparent medical condition or disorder exists at the time of this physical examination which would preclude this applicant from participation in the USCP Physical Readiness Tests.

SIGNATURE OF PHYSICIAN	DATE
TYPE OR STAMP PHYSICIAN'S NAME	LICENSE NUMBER

NAME _____ LAST (4) SSN _____