Pennington County Sheriff’s Office
Physical Agility Testing Release Form

- Applicants must have a physician complete this form within 30 days of their testing date
- Applicants must have this completed form in order to participate in the testing
- No alternative forms or documentation will be accepted in lieu of this form

As an applicant for employment, you are responsible for any expenses related to securing this physician’s statement.

APPLICANT’S STATEMENT

I, ______________________, fully understand what is required in the physical agility testing as described on the attached physical agility requirements. I am aware of my physical condition and I understand that I am not required to perform this test if I believe it would endanger my health or well-being. I have decided to take this test and will assume all risks associated with such test.

________________________________________  __________________________
Applicant’s Signature                        Date

PHYSICIAN’S STATEMENT

Physician name: ______________________________
Mailing address:
________________________________________
________________________________________
I certify that the applicant is physically capable of performing the test as described in the attached physical agility requirements.

________________________________________  __________________________
Physician’s Signature                        Date