



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

Full-Time Basic/ Part Time Basic/ Refresher Training Packet

Dear Law Enforcement Administrator and Examining Physician:

This training packet contains a medical evaluation, a reimbursement supplement and an application for enrollment to the academy. Please complete all forms in accordance with the instructions below. Submit the completed packet (pages 1 - 8) to the academy at least two weeks prior to attending a training course (forms that have been completed six months or more prior to training cannot be accepted). With an increased awareness of the importance of physical fitness in the law enforcement profession, as well as in the overall maintenance of quality of life, the Board on Law Enforcement Officer Standards and Training (BLEOST) has enhanced fitness standards for law enforcement candidates. Students will be participating in vigorous physical fitness training and defensive tactics, as well as stress-related training (physical and mental), in such areas as driving, firearms and officer survival. Driving and firing events incorporate seasonal inclement weather with day and night sessions to further enhance stress-related training.

This medical examination report should provide an adequate evaluation of the physical condition of a law enforcement candidate and identify potential problem areas in each candidate's ability to successfully complete training. Agencies are urged to consider carefully any decision to enroll a student in training who has a potential problem. Students with weight problems, who have not been active in a physical fitness program or who have some medical difficulty, will have a greater probability of not completing the course. If at all possible, fitness levels should be at or above the minimum levels established in this packet prior to attending the basic course. **The procedures for completing these forms are as follows:**

<u>Title/Page Number</u>	<u>Usage</u>	<u>Disposition</u>
Memorandum page i	Provide information to the trainee's agency & to the examining physician	To be read and used by the agency and the attending physician, then discarded
Law Enforcement Officer's Duties & Working Conditions page ii	Provide information to the attending physician and to the applicant	To be read by the physician and the applicant, then discarded
Physical Fitness Requirements page iii	Provide information to the physician and to the applicant	To be read by the physician and the applicant, then discarded
Medical Examination Report Health Questionnaire pages 1 & 2	Provide the physician with the trainee's current health information	To be completed by the trainee and agency then given to the physician prior to the trainee's examination
Medical Examination Report Physical Fitness Examination pages 3, 4 & 5	To determine the applicant's ability to participate in the physical fitness program	To be completed and signed by the physician and returned to applicant's agency
NCIC Report and HS Diploma or GED First Aid / CPR Certification Salary Information page 6	Provide information to BLEOST for certification and reimbursement purposes	To be completed by the agency
Law Enforcement Agency's Affidavit and Applicant's Affidavit & Injury Liability Waiver page 7	To swear and affirm the validity of the information given within this document to the training academy and to BLEOST	To be signed and dated by the agency head or authorized signee and by the applicant
Application for Training & Personal Information Summary page 8	Provide training eligibility information to the training academy and to BLEOST	To be completed by the trainee and agency, and returned to the academy at least two weeks prior to training

If you have any questions, please call the BLEOST staff at (601) 977-3777.

FOR THE PHYSICIAN

Duties and Working Conditions Encountered by Law Enforcement Officers

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. **The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.**

The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:

- | | | |
|---------------------------------|------------------------------|----------------------------------|
| 1. Use of Firearms | 15. Sitting | 29. Hearing Voice Conversation |
| 2. Driving Emergency Vehicles | 16. Standing | 30. Color Identification |
| 3. Handcuff Prisoners | 17. Standing-Long Periods | 31. Close Vision |
| 4. Administer First Aid | 18. Kneeling | 32. Far Vision |
| 5. Rescue Operations | 19. Twisting Body | 33. Side Vision-Depth Perception |
| 6. Lifting & Carrying 0-70 lbs. | 20. Pushing | 34. Night Vision |
| 7. Direct Traffic | 21. Pulling | 35. Maintaining Balance |
| 8. Subdue Prisoners | 22. Running | 36. Operating Passenger Vehicles |
| 9. Pursue Suspects | 23. Sense of Touch | 37. Finger Dexterity |
| 10. Walking-Lateral Mobility | 24. Reaching | 38. Speaking |
| 11. Walking Rough Terrain | 25. Gripping Hands & Fingers | |
| 12. Bending | 26. Climbing Stairs | |
| 13. Stooping | 27. Climbing Ladders | |
| 14. Crouching | 28. Hearing Alarms | |

Working conditions for law enforcement officers may include, but may not be limited to, the following:

- | | | |
|---|---|--|
| 1. Exposure to the Sun | 14. Work on High Ladders | 27. Working with Adult Mental Patients |
| 2. Exposure to Inside Temperature Extremes | 15. Working in Remote Locations | 28. Working Night Shifts |
| 3. Exposure to Outside Temperature Extremes | 16. Wearing Helmets | 29. Working Day Shifts |
| 4. Dampness | 17. Wearing Safety Glasses | 30. Working Weekends |
| 5. High Humidity | 18. Wearing Chemical-Resistant Clothing | 31. Exposure to Tobacco Smoke |
| 6. Noisy Work Areas | 19. Wearing Ear Plugs-Muffs | 32. Exposure to Other Smoke |
| 7. Work at Heights | 20. Wearing Rubber Boots | 33. Working at High Elevation |
| 8. Work in Confined Space | 21. Exposure to Bee Stings | 34. Working with Intellectual Disabilities |
| 9. Work in Crowded Areas | 22. Exposure to Poison Oak | 35. Providing Remote Emergency Medical Assist. |
| 10. Working Alone | 23. Exposure to Dust or Pollen | 36. Scuba Diving |
| 11. Work with Inmates | 24. Exposure to Fumes | |
| 12. Exposure to Intense Light | 25. Air Travel | |
| 13. Exposure to Noxious Odors | 26. Working Long Hours | |

Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

The BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the training program. The test will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail the test must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of three components: agility run, push-ups, and a 1½ mile run and is administered to all Full-time, Part-time, and Refresher trainees. It is the same test administered at the end of the program for Full-time and Part-time trainees (Refresher trainees are not required to take the final test) with one exception: The entry test requires 50% to pass while the final test requires 70%. This requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Full time and Part-time trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% in order to graduate.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

AGE GROUPS ▾		20-29				30-39				40-50+							
	Score	Male		Female		Male		Female		Male		Female					
AGILITY RUN (maximum allowed times for each group measured in seconds)	100%	15:90	17:80	16:40	18:90	17:35	20:55										
	70%	18:60	21:10	19:10	22:20	20:05	23:85										
	50%	20:40	23:30	20:90	24:40	21:85	26:05										
1.5 MILE RUN (maximum allowed times for each group measured in minutes)	100%	9:00	10:48	10:00	12:00	11:00	13:12										
	70%	14:30	17:18	15:30	18:30	16:30	19:42										
	50%	18:10	21:38	19:10	22:50	20:10	24:02										
AGE GROUPS ▾		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52 +	
	Score	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PUSH-UPS (minimum required in a two minute time limit)	100%	82	58	80	56	78	54	73	52	72	48	66	45	62	41	56	40
	70%	52	28	50	26	48	24	43	22	42	18	36	17	32	13	26	12
	50%	32	13	30	11	28	10	23	9	22	8	18	7	17	6	12	6

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MEDICAL EXAMINATION REPORT HEALTH QUESTIONNAIRE

**To be completed by the applicant & the applicant's agency.
Print or type**

Applicant's Name _____

Doctor's Name _____

Applicant's Department/Agency _____

Name of Office or Clinic _____

Department's Address _____

Clinic's Address _____

Telephone Number _____

Telephone Number _____

TO THE APPLICANT: Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B, and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered **Yes** in this questionnaire. Write your own account in **Sections B** and **C**. Include diagnosis and dates.

SECTION A - check each condition or ailment that applies **Yes** or **No**.

Explain each **Yes** answer in **Section B** and list physicians consulted in **Section C**.

	Condition	No	Yes	Hosp		Condition	No	Yes	Hosp.
1	Head injury				24	Sensitivity to dust			
2	Back trouble, pain				25	Other allergies			
3	Any defect of bones/joints including amputations, dislocations or breaks				26	Frequent colds			
					27	Cancer, malignancy			
4	Lameness				28	Tumor, growth, cyst			
5	Rheumatism, arthritis				29	Complications from childhood			
6	Trick/locked knee, knee injury				30	Polio			
7	Foot trouble				31	Rheumatic fever			
8	Eye injury, surgery, disease				32	Heart trouble, circulatory trouble			
9	Wear or have worn glasses/contacts				33	High, low blood pressure			
10	Hard of hearing, hearing problems				34	Varicose veins			
11	Wear or have worn a hearing aid				35	Pernicious anemia, leukemia, other blood disorders or ailments			
12	Headaches								
13	Mental illness, nervous breakdown				36	Hepatitis, jaundice, other liver			
14	Addiction to drugs, alcohol				37	Diabetes, sugar in urine			
15	Fainting, dizzy spells				38	Ulcers, other stomach trouble			
16	Epilepsy, fits				39	Colitis			
17	Any disorder of the nervous system				40	Gall bladder trouble			
18	Tuberculosis, other lung trouble				41	Kidney/bladder trouble			
19	Shortness of breath				42	Piles/hemorrhoids			
20	Asthma				43	Rupture/hernia			
21	Bronchitis				44	Mononucleosis			
22	Allergic reaction to poison oak, ivy				45	HIV/ARC/AIDS			
23	Skin trouble								

Health QUESTIONNAIRE - CONTINUED

SECTION A (contd.)		No	Yes
46	Have you ever had or been advised to have an operation?		
47	Have you ever been a patient (committed or voluntary) in a mental hospital?		
48	Have you had any other illness, injury or physical condition not previously named (other than in childhood)?		
49	Have you had an injury within the last 5 years which caused you to lose time from work?		
50	Have you ever been denied employment or insurance for medical reasons?		
51	Have you ever been deferred from military service for medical, emotional or health reasons?		
52	Have you ever been discharged or released from employment or from the armed forces for medical, emotional or health reasons?		
53	Have you ever received or applied for pension or compensation for disability or injury?		
54	Are you presently under the doctor's care for any condition?		
55	Have you taken any prescribed medication in the last 12 months for any reasons?		
56	Do you or have you ever had any physical or emotional limitations?		

SECTION B	Explain all items answered Yes in Section A of this questionnaire. Continue on 8.5 x 11 sheets of paper, if necessary, and attach to this page.
Condition #	

SECTION C	If you saw a doctor for any conditions answered Yes then list the physician's name and office address below.	
Condition #	Physician's Name	Office Address (street/P.O. box, city, state)

NOTE: Any falsification, withholding or failure to answer all questions completely and accurately may cause revocation of certification and/or expulsion from training. MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

PHYSICAL FITNESS EXAMINATION

Name _____ Age _____ Male _____ Female _____ Height _____ Weight _____

THRESHOLD WEIGHT TABLE

Height in Inches	Threshold Weight	Height in Inches	Threshold Weight
52	75	69	176
53	80	70	184
54	85	71	192
55	89	72	200
56	94	73	209
57	99	74	217
58	105	75	226
59	110	76	235
60	116	77	245
61	121	78	255
62	128	79	265
63	134	80	275
64	141	81	285
65	147	82	297
66	154	83	307
67	161	84	318
68	168		

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

BODY FAT LIMITS

MALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	20.4	23.5	25.5	27.1
FEMALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	27.7	28.9	32.1	35.6

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this Individual's present weight of _____ pounds to be: _____ satisfactory; _____ excessive; _____ deficient. Under Proper medical supervision, the applicant should _____ lose/ _____ gain- _____ lbs.

Comments: _____

1. **Visual Acuity** If applicant wears glasses, test and record with and without glasses.)

With Glasses right 20/____ left 20/____ both 20/____ Field of Vision right ____ left ____
Depth Color
Without Glasses right 20/____ left 20/____ both 20/____ Perception ____ Perception ____

Note any abnormalities or comments: _____

2. **Hearing** right 15/____ left 15/____

Drum perforation or damage: _____

Hearing aid ____ (Normal hearing is generally considered to be able to distinguish the words in
A whispered conversation from ten (10) feet away.)

Note any abnormalities or comments: _____

3. **Head** Note any injury, deformity or disease involving;

Nose and sinus _____ Throat and neck _____

Teeth and jaw _____

Note any abnormalities or comments: _____

4. **Lungs** Note any abnormalities or comments: _____

5. **Cardiovascular System**

<u>Action</u>	<u>blood pressure</u>	<u>pulse</u>	<u>sounds</u>	<u>rhythm</u>
At rest	____/____	____	____	____
After moderate Exercise	____/____	____	____	____
Two minutes after Moderate exercise	____/____	____	____	____

Circulation to extremities: _____

EKG results: _____

(The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: _____

6. **MUSCULO-SKELETAL SYSTEM** (Test by bending, stooping and squatting. Also, test by head, arm, hand, finger, leg and foot motions.)

Spine: Mobility ____ Symmetry ____ Posture ____ Upper Extremities ____ Lower Extremities ____

Note any abnormalities or comments: _____

7. **NERVOUS SYSTEM** Note any abnormalities or comments: _____

8. **ABDOMEN, RECTAL** Note any abnormalities or comments: _____

9. **GENITO-URINARY Urinalysis:** Specific gravity ____ Sugar ____ ALB ____

Note any abnormalities or comments: _____

10. **SKIN** Note any abnormalities or comments: _____

11. Are there any conditions physical, mental or emotional which in your opinion suggest a need for further examination? _____ If yes, explain on a separate 8½ by 11 inch sheet of paper.

12. With respect to the duties and conditions listed on page ii. do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? _____ if so, explain on a separate 8½ by 11 inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? _____ If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? _____ If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are Indicated? _____ If not, please explain on a separate 8½ by 11 sheet of paper.

PHYSICIAN'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee is physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

Print or Type the Name of Attending Physician

Date of Examination

Signature of Attending Physician

MS Dept. of Public Safety/Div. Of Public Safety Planning/
Office of Standards and Training
1025 Northpark Dr.
Ridgeland, Mississippi 39157
Telephone # - (601) 977-3777, Fax # - (601) 977-3773

Attach a copy of the applicant's NCIC Report, proof of successful completion High School education (e.g. - High School Diploma or GED) and First Aid/CPR Certification to the top left corner of this page.

Salary Information

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

NOTE: As of July 1, 2013 any officer (law enforcement trainee) who is not certified within one year (within two years for Part-time certification) from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.

Attach a copy of the applicant's payroll voucher in the blank space below or complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly or monthly salary in the amount of \$_____ during his or her basic training.

Attach the applicant's payroll voucher below, if needed

NOTE: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

LAW ENFORCEMENT AGENCY'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the _____ Academy and will be considered on active duty status, with my organization, during his or her training period.

Print or Type the Signee's Name

Signature of the Agency Head or Authorized Signee

Date

APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into _____ Academy, this facility has become my academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director.

I certify that I have not attended another academy. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance. (Not applicable to Refresher Course)

Signature of Applicant

Date Signed

APPLICATION FOR TRAINING AND PERSONAL INFORMATION SUMMARY

Agency or Department _____

Dept.'s Address _____ Dept.'s Phone Number _____

Street or Post Office Box City Zip

Name of Applicant _____ Social Security Number _____

Last, First Middle

Date of Employment _____ Place of Birth _____ Date of Birth _____

Home Address _____ Home Phone Number _____

Street or Post Office Box City Zip

Total criminal justice experience (years) _____. Criminal justice training completed ____ /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? ____ First Aid Card? ____

High School

Graduate ____ or G.E.D. ____

Name of School City State

College Attended _____

Degrees held or College Units (credit hours) earned _____

Military Experience _____

of Years Rank Branch of Service

Spouse's Name _____ Child's Name(s) _____

Special Skills _____

Languages _____ Hobbies _____

Family Doctor _____ Known Allergies _____

Emergency Contact & Phone Number _____ Alternate Contact & Phone Number _____

Attach the applicant's photograph below. Trim the photograph to fit.