

**PHYSICIAN'S CERTIFICATION OF FITNESS**

**This is to certify that I, \_\_\_\_\_, M.D., am a physician licensed to practice medicine in North Carolina. I am familiar with the medical history of \_\_\_\_\_ who has applied to participate in the North Carolina Justice Academy's Specialized Subject Control/Arrest Techniques Instructor Training program. I do not know of any conditions physical, mental or emotional that would limit this person's ability to participate in the North Carolina Justice Academy's Specialized Subject Control/Arrest Techniques Instructor Training program, and I do not have any reservations about this person's ability to physically participate in this program.**

\_\_\_\_\_  
**(Physician's Signature)**

\_\_\_\_\_  
**(Date)**

**Name and Address of Physician  
(Print or type)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMORANDUM**

**TO:** Physician  
**FROM:** John Combs, Instructor/Coordinator  
North Carolina Justice Academy  
**SUBJECT:** Physician's Certification of Fitness  
**RE:** (Student's Name)

This certification is being presented to you by an applicant of the North Carolina Justice Academy's **Specialized Physical Fitness Instructor Training Course**. By requesting you to complete this certification, the applicant is expressing a desire to participate and complete this specialized training. The program involves a combination of lectures concerning wellness, lifestyle modification techniques and specific activities to improve physical fitness.

The applicant, as a student in the course, will be given a physical fitness assessment designed by the Institute of Aerobic Research, Dallas, Texas, and administered by an IAR certified physical fitness specialist on staff at the Justice Academy. This testing includes:

- Blood pressure
- Three Minute Step Test
- Flexibility
- Bench Press
- Leg Press
- Body Composition
- Sit-ups
- 1.5 mile run

Students will also be required to participate in daily workout sessions that last approximately 60 minutes. Activities include, but are not limited to walking, calisthenics, jogging, running, stretching, cycling, jumping rope, circuit training, weight lifting, and step aerobics.

Your completion of this form will imply that you are not aware of any conditions, i.e., physical, mental, or emotional, that would restrict or hinder the applicant from participating and completing this course. Your signature also implies that you do not have any reservations about this applicant's ability to physically participate in this program.

If you need further information or have any questions or concerns, please contact me at the North Carolina Justice Academy, (910)-525-4151, extension 264.

Please sign below indicating your recommendation for the above named applicant.

\_\_\_\_\_  
(Physician's Signature)  
Name and Address of Physician  
(Print or Type)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
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