

The Center for Advanced Security Studies

PHYSICAL FITNESS ASSESSMENT

*****THE FOLLOWING IS TO BE COMPLETED BY THE APPLICANT*****

1. Applicant's Printed Name: _____
LAST FIRST MI

2. Applicant's Address: _____

3. COURSE DESCRIPTION IN REGARDS TO PHYSICAL REQUIREMENTS: A student enrolled in any training program as conducted by CASS, or any of its affiliates, subsidiaries, or representatives, is required to participate, without exemption, in the following physical activities:

- a. Physical training six days a week which may consist of one, or a combination of the following; 2-5 mile runs on pavement or sand, calisthenics, push-ups, pull-ups, sit-ups, weight lifting, and volley ball. _____(initials)
b. Long work days under stressful conditions; 15-24 hours per day over a span of 30 days, covering class room work, practical exercises indoors and outdoors, to include performing said practical exercises under all weather extremes. _____(initials)
c. Basic and high risk defensive tactics and firearms employment to include "live fire" tactical scenarios while carrying up to 30 pounds of tactical equipment. _____(initials)

4. As the applying student, I understand that I am required to participate in all activities within the course as stated above within section number three (3). I further attest to the fact that I do not have any current or past injuries and/or disabilities and/or illnesses (physical or psychological) that would interfere with, or prevent me from participating in said activities. Additionally, I also attest to the fact that I understand that the courses conducted by CASS, its affiliates, subsidiaries, or representatives, is adherently dangerous in regards to the training conducted on a daily basis and that I will hold harmless all CASS entities in regards to any injuries, disabilities, illnesses (physical or psychological), or exacerbations of any previous injuries, disabilities, or illnesses (physical or psychological) that may be incurred during my training with CASS or its entities.

Applicant's Signature: _____ Date: _____

*****THE FOLLOWING IS TO BE COMPLETED BY THE EXAMINING PHYSICIAN*****

Physician Attestment: The applicant is seeking entry into a protective security training program. A complete physical examination is required at a level of specificity sufficient to determine whether there are any physical impairments, limitations, or restrictions as identified by an examining physician that would prevent the applicant from performing the required activities as described in item number three (3) above.

___ I hereby attest that I have examined the above named applicant and find him/her CAPABLE of participating in the training programs activities as stated in item number three (3) above. (please attach a copy of the physical)

___ I hereby attest that I have examined the above named applicant and find him/her NOT CAPABLE of participating in the training programs activities as stated in item number three (3) above. (please attach a copy of the physical)

Physician's Signature Physician's Printed Name Examination Date

Physician's Practicing License Number Licensing State

Physician's Professional Address