Form F-7E

DETENTION OFFICER FITNESS ASSESSMENT

LAST NAME	FIRST NAME	MI	DOB	SEX	RACE	SS#

Assessment Number	1	2
Today's Date		
Age		
Weight **{Pounds}**		
Height **{Inches}**		
Resting Heart Rate		
Blood Pressure (mm Hg) #1 **{Systolic/Diastolic}**	/	/
#2	/	/
3 Minute Step Test (Heart Rate) **(Optional)**		
Vertical Jump		
Absolute Strength / Upper **{Bench Press}**		
Dynamic Strength / **{Sit-Ups Per Minute}**		
300 Meter Run		
Dynamic Strength / **{Push-Ups Per Minute}**		
1.5 Mile Run (Time)		
TOTAL FITNESS LEVEL	%	%