**ORPAT**

## Name: DPSST# Class: Gender:

**Age:\_\_\_\_\_\_\_\_\_\_ Law Enforcement experience:\_\_\_\_\_\_\_\_\_\_**

### Pre-Test Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### INSTRUCTOR NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Time | Raw Time |  |  |  | Final Time |  |  | WallPush2 Back Falls2 Front FallsPull |
| Penalty | 2 Sec warning |  |  |  | 2 Sec |  |  |  |
| Penalty | 5 Sec warning |  |  |  | 5 Sec |  |  |  |
| Dummy Drag | Completed |  |  |  | Not Completed |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Back | Front | Back | Front | Back | Front |

### Post-Test Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### INSTRUCTOR NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Time | Raw Time |  |  |  | Final Time |  |  | WallPush2 Back Falls2 Front FallsPull |
| Penalty | 2 Sec warning |  |  |  | 2 Sec |  |  |  |
| Penalty | 5 Sec warning |  |  |  | 5 Sec |  |  |  |
| Dummy Drag | Completed |  |  |  | Not Completed |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Back | Front | Back | Front | Back | Front |

## Acknowledgement and Waiver

I affirm I have met the health and fitness qualifications attested to on my Medical Form (F-2). I also affirm that I currently meet those qualifications. I understand I will be required to participate in fitness training as well as other physical activities, including, but not limited to, defensive tactics. I understand that I am responsible for my health and safety and I will notify an instructor immediately if I cannot perform the requirements.

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

## Signature of Recruit Date