



STATE OF MAINE
 Department of Public Safety
MAINE CRIMINAL JUSTICE ACADEMY
 15 Oak Grove Road
 Vassalboro, Maine 04989



BLETP PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name: _____
 Please Print (Last) (First) (Middle)

Mailing Address: _____
 (Street / P.O. Box) (City / Town) (State) (Zip)

Date of Birth: ____ / ____ / ____ Gender: M F (circle one)

Yes	No	Since you attended your BLETP entrance medical evaluation:
		Has your Doctor said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		Have you had chest pain when you were not doing physical activity?
		Do you lose your balance because of dizziness or do you ever lose consciousness?
		Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		Is your doctor currently prescribing drugs (for example, water pills; beta blockers) for your blood pressure or heart condition?
		Do you know of any other reason why you should not fully participate in this training program?
		Has any information changed, relative to any medical condition or reason that would pose a safety risk to you fully participating in the BLETP class, since your BLETP entrance medical evaluation?

- Note: 1. This questionnaire applies to only those currently enrolled in the Basic Law Enforcement Training Program.
 2. If there are any changes in your status relative to the above questions **at any time** during the BLETP, you **MUST** bring this information to the immediate attention of the staff.

I am participating in this training program voluntarily. I understand the physical requirements of this program and know of no reason why I cannot safely complete all portions of the BLETP including the 3 mile run, high-intensity PT training, MARC training, including active fighting/defensive tactics training with strikes, kicks, and other impacts. I agree to indemnify and hold harmless the State of Maine, the Maine Criminal Justice Academy and their respective officers, employees and agents from any claim, damage, injury or illness, of whatever kind or nature, resulting from my participation in the Basic Law Enforcement Training Program.

BLETP Cadet Signature: _____ Date: _____