

JAIL OFFICER PHYSICIAN'S CERTIFICATE

Revised 10/30/2025)

This is to certify that I examined _____

(Patient's Name)

for suitability for jail officer training.

PHYSICAL PARAMETERS OF JAIL OFFICER TRAINING

Entry level trainees are required to perform various physical tasks during the course of jail officer training. While performing the physical examination, please note any deficiencies or physical limitations which would affect the ability of the student to participate in and complete the physical training requirements set forth below.

- A. Strenuous physical exercise which requires:
 - physical agility and strength
 - musculoskeletal range of motion (to include joints)
 - neuro-muscular coordination, hand-eye coordination and balance
 - cardio-pulmonary stamina and aerobic endurance, which will allow the officer to jog/run distances up to 1.5 miles.
- B. Practical exercise training which involves physical exertion including:
 - 1. The handling of unusual, intoxicated, violent or assaultive prisoners.
 - 2. Transportation of prisoners and the use of physical restraints.
 - 3. Use of physical techniques to subdue an aggressive suspect, proper footwork, maintaining body balance, and escaping from an aggressive grab. In addition, students are exposed to chemical agents such as Oleoresin Capsicum (Pepper Spray). Please specify any physical condition that would prevent the student from being exposed to the chemical agents.
 - 4. Unarmed confrontations utilizing control hold and take-down tactics that place force on joints and extremities, self-defense techniques that require strength, stamina and agility and disarming suspects with various weapons.
 - 5. Simulated hazardous situations such as fires or other emergencies where the lifting and removal of victims may be necessary, or where the administration of first aid and CPR is required.
 - 6. Use of practical mental, emotional and physical preparation and response to officer ambush or hostage situations.

JAIL OFFICER PHYSICIAN' S CERTIFICATE

This is to certify that I examined _____

(Patient's Name)

for suitability for jail officer training.

- C. Vision requirements are set by the employing agency. Color distinction, night vision and depth of field/peripheral vision is needed for observation and monitoring of prisoner populations, transportation of prisoners, receiving and discharging inmates, escape prevention, search for escapees and handling inmate disturbances. The officer will need to fire weapons on the range in both day and night conditions from distances varying from 3-50 yards. Officers may be assigned an agency vehicle which requires color distinction of signs and traffic signals.
- D. Hearing requirements are set by the employing agency. The ability to hear classroom and field instruction is required.
- E. Physical ability to fire a handgun and shotgun. The student should have no physical deformity, defect or restriction which would prevent the repeated cocking and firing of a handgun or shotgun. Firearms training requires the student to fire from the standing, kneeling, sitting and prone positions. Combat ranges require mobility and the use of various barriers. Both day and night training are required.
- F. Training is both physically and psychologically stress oriented to elicit spontaneous reactions. Students are placed in situations where they must make critical decisions regarding first aid response, cell search, escape attempts and hostage and riot situations.. Any psychological abnormalities observed during the physical exam should be explored and thoroughly documented.

In light of the attached parameters for jail officer training and based on my review of his/her past medical history, physical examination and laboratory studies, it is my opinion that this patient is physically fit for participation in jail officer training without restrictions, now and for the foreseeable future.

Signature: _____ M.D.

Office

Address:

Date: _____

JAIL OFFICER PHYSICIAN'S CERTIFICATE
Revised June 23, 2026

SUPPLEMENTAL MEDICAL SCREENING: SICKLE CELL TRAIT

Central Virginia Criminal Justice Academy

This is to certify that I examined _____
(Patient's name)

In accordance with current best practices in recruit safety and medical risk management, the following information is requested regarding sickle cell trait screening. This screening is not used for disqualification purposes but to promote health and safety during physically strenuous training.

Sickle Cell Trait Screening:

☐ Has the recruit been screened for sickle cell trait? ☐ Yes

☐ If yes, result: ☐ Positive ☐ Negative

☐ If positive, please describe any medical guidance or precautions recommended for participation in high-exertion or heat-intensive training exercises.

Note: The presence of sickle cell trait is not disqualifying. Any information provided is used solely to inform appropriate risk mitigation during training.

Physician Signature: _____ Date: _____

Printed Name: _____

Medical License Number: _____