### DEPARTMENT OF HOMELAND SECURITY United States Secret Service

# APPLICANT PHYSICAL ABILITIES TEST (APAT) CERTIFICATE OF WELLNESS

Dear Physici	an:		
Your patient,, is applying for a physically challenging law enforcement position with the United States Secret Service. Your patient requests that you certify the individual as physically capable of safely performing the United States Secret Service Applicant Physical Abilities Test (APAT) which consists of the following four components:			
1)	Push-ups (Minimum number of push-	-ups required to acquire points is 15.)	
2)	Sit-ups (Minimum number of sit-ups re	required to acquire points is 23.)	
3)	Illinois Agility Run (Minimum time requ	quired to acquire points is 23.88 seconds.)	
4)	1.5 Mile Run (Minimum time required	d to acquire points is 19 minutes, 40 seconds.)	
Testing may be conducted indoors or outdoors. Testing will only be conducted outdoors when the temperature is at or above 32 degrees Fahrenheit and the heat index is at or below 85 degrees Fahrenheit.			
The purpose of the APAT is to measure your patient's current level of general physical fitness, which serves as an indicator of their ability to safely complete a vigorous physical training program. Furthermore, the APAT introduces fitness standards that your patient will be required to maintain upon entry into a law enforcement position with the United States Secret Service, should your patient be offered such a position. If you agree to certify, please sign the attached Physician Certification Statement, and return the form to your patient for submission to the United States Secret Service.			
PHYISICIAN CERTIFICATION SECTION			
As a licensed physician, it is my professional opinion that my patient is physically capable of safely performing the components of the Applicant Physical Abilities Test (APAT). I understand that the APAT will be administered according to the protocols described in Attachment A.			
SIGNATURE:			DATE:
PRINTED NAME OF LICENSED PHYSICIAN:			
ADDRESS (include Street, City, and State):			
PHONE NUMBER:		STATE LICENSE #:	

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#### **ATTACHMENT A**

#### Push-ups

The purpose of the Push-ups assessment is to evaluate your upper body strength.

The starting position for this assessment requires your feet and hands to be in contact with the floor. Your feet must be 8 to 12 inches apart, your hands must be slightly wider than shoulder width apart, and your arms must be extended and straight. Your legs, buttocks, back, and shoulders should be in straight alignment.

To complete a push-up, bend your elbows and lower your torso until your elbows are flexed at a 90 degree angle. Once your elbows are flexed at a 90 degree angle, return to the starting position by straightening your elbows.

To ensure you have reached a 90 degree angle your chest must touch a foam block which will be placed directlyunder your chest. Once you reach a 90 degree angle, return to the correct starting position.

For this assessment, you will do as many push-ups as possible within a 60 second time period. You will be notified when there are 30 and 15 seconds remaining. You will be given only one trial.

#### Sit-ups

The purpose of the Sit-ups assessment is to evaluate your abdominal strength.

You will be required to lie down on your back with your knees flexed to a 45 to 75 degree angle, feet placed flat on the floor, and your heels placed about 12 to 18 inches from your buttocks. A second person will assist you by holding your feet in place during the exercise.

You will be required to cross your arms over your chest, placing your hands on the opposite shoulders near yourcollar bone. Your arms must maintain contact with your chest at all times as you perform the sit-ups. Your chin should remain tucked onto your chest.

With each sit-up, you should curl your shoulders, keep your lower back on the ground until you have curled the upper back, and finally come to a position in which your elbows touch your thighs. You must be sure to curl your back, as this will force you to use your abdominal muscles and will keep you from straining your back. Before completing a consecutive sit-up, you must lie back down until your mid-back touches the floor mat.

For this assessment, you will do as many sit-ups as possible within a 60-second time period. You will be notified when there are 30 and 15 seconds remaining. You will be given only one trial.

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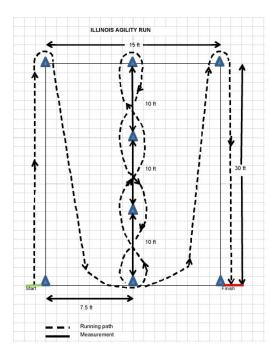
## **Illinois Agility Run**

The purpose of the Illinois Agility Run assessment is to evaluate your anaerobic power and ability to change directions.

To begin this assessment, you will be required to position yourself on your stomach, with fingertips placed at the edge of the start line in a quasi push-up position. Your head and shoulders may be positioned beyond the start line. Your feet must be positioned together with your ankles touching, while your toes are positioned such that you are resting on the balls of your feet.

Upon being given the command to start, you will move to your feet and begin running through the course. You must follow the marked outline of the course. The course requires you to start the assessment by running straight ahead for 30 feet, turn around the cone and back to the cone in the middle. Continue through the course by going to the leftand around each cone in the middle. Then run back through these same cones. Finally, turn left and run up to the cone on the right and back and across the finish line.

You will be given two trials for this assessment, but only your best trial will be scored. A diagram of the course has been provided below for illustration purposes.



#### 1.5 Mile Run

The purpose of the 1.5 Mile Run assessment is to evaluate your cardiovascular endurance.

Your score is based on the time you complete the 1.5 Mile Run. Therefore, you should run as quickly as possible to improve your score on this assessment. You will be permitted to walk or stop during the run, however the timer calculating your run time will not be stopped. You will be given only one trial.

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