



Transportation Security Administration

Office of Law Enforcement
Federal Air Marshal Service

U.S. Department of Homeland Security
601 S. 12th Street
Arlington, VA 22202

Applicant Physical Training Assessment - Physician Clearance Form

Applicant's Name (Last, First, Middle)	Date of Birth (MM/DD/YY)
Address (Street, State, Zip)	

Note to Examining Physician/Physician's Assistant: Applicants who take the FAMS Physical Training Assessment will have to perform the following exercises:

- 1) Pull-Ups:** The applicant must complete as many repetitions as possible with no time limit. Applicants will grasp the pull bar in either a "Hands Forward" or "Hands Reversed" manner and begin the pull-up in a hanging position and will pull body straight up until chin is above the bar.
- 2) Sit-Ups:** The applicant must complete as many repetitions as possible in 60 seconds. Applicants will lie on their back, knees bent at a 90-degree angle, heels in contact with the floor, arms crossed over their chest with hands on shoulders or under arms. Applicants will begin the sit-up from the down position (shoulder blades touching the ground) and raise their upper body until their elbows come in contact with their knees.
- 3) Push-Ups:** The applicant must complete as many repetitions as possible in 60 seconds. Applicants will assume the front leaning up position with hands placed just outside the straight line down from the shoulders. Applicant will begin the Push-Up from the up (elbows fully extended) position. By bending the elbows, the applicant will lower the entire body until the tops of the upper arms, shoulders, and lower back are aligned and parallel to the ground.
- 4) 1.5 mile Run:** Applicant will run a 1.5 mile course as fast as possible on a flat course.

Note to the examining physician/physician assistant: You must sign below and provide the required information for this form to be valid. This physician's clearance form is valid for 180 days following the signature date.

_____ is medically clear to participate in the Physical Training Assessment conducted by the Federal Air Marshal Service as part of their pre-employment assessment.

The above named individual is able to complete the 1.5 mile run, the timed one minute participation in sit-ups, pull-ups and push-ups.

Physician's/Physician's Assistant Name (Printed)	Phone Number
Address (Street, City, State, Zip)	
Signature	Date



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Applicant Physical Training Assessment - Applicant Waiver

I, _____, agree to participate in the Federal Air Marshal Service (FAMS) physical training assessment.

I acknowledge that components of the FAMS physical training assessment have been fully explained to me. I certify that I am in reasonably good health and have no physical impairment or any other disability and am taking no medication which would preclude me from participating in the physical training assessment.

I acknowledge that physical exercise and exertion involve inherent health risks, including injury and even death and expressly agree to assume all risks of accident, injury, death or property damage of any kind sustained in association with my participation in such activities in the FAMS physical training assessment.

I hereby waive, release and forever discharge the Federal Air Marshal Service, the Transportation Security Administration, and the Department of Homeland Security and its employees from any and all liability for accident, injury, death or property damage of any kind sustained in association with my participation in such activities in the FAMS physical training assessment. In addition, to this waiver binding me, I agree that the Applicant Waiver will be binding upon my heirs, administrators, executors, and assigns.

Applicant Signature

Date

Witness Signature

Date

Emergency Contact Information (please print clearly):

Name: _____

Home Phone: _____

Relationship: _____

Work Phone: _____

Address: _____

Cell Phone: _____
