



# Los Angeles County Sheriff's Department

## STARS EXPLORER ACADEMY



### EXAMINING PHYSICIAN

Physical training is one of the components of the Los Angeles County Sheriff's Department Explorer Academy. Each participant will be required to perform various calisthenics commonly used by the Los Angeles County Deputy Sheriff's Academy program, including, but not limited to marching (close order drill), circuit training, sit-ups, pull-ups, push-ups, jumping jacks, leg lifts, basic boxing and/or basic wrestling, sprinting, and jogging (up to 3 miles). All the physical training is monitored by the Explorer Program staff. Calisthenics are designed to educate the participant as to the importance of physical exercise and maintaining a healthy lifestyle. The Center for Disease Control (CDC) has identified obesity in children and teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, interpreting, and immediately reacting to verbal commands as they relate to physical training and marching drills. The participant will occasionally be required to stand at "attention" for varied periods of time (not exceeding 10 minute intervals).

The purpose of this waiver is to document the participant \_\_\_\_\_, may or may not participate in the above listed physical training activities.

*Print: Participant's name*

The parent(s), legal guardian(s) and or participant were directed by the Los Angeles County Sheriff's Department Explorer Academy staff to have a physician conduct a physical examination of the above listed participant.

I, \_\_\_\_\_, am the above listed minor's physician and have conducted a

*Print: Physician name*

Physical examination of said participant. I have read the above activity description and have conducted a physical examination on the above-listed participant. Based on my examination of the participant, it is my professional opinion that participant:

☐ Able to participate in all the above indicated physical activities within the Explorer Academy

☐ Shall **NOT** participate in the above stated physical activities for the indicated reason(s):

Examining physician's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Name of medical office</b>
<b>Address</b>
<b>Phone</b>

<b>Medical Office Stamp</b>
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