

# BALTIMORE COUNTY PRE-ENTRANCE PHYSICAL AGILITY TEST

## POLICE OFFICER/POLICE CADET

The following is the test that you will have to complete successfully to continue in the selection process:

**TRIGGER/  
SLIDE  
PULL**                    HAND STRENGTH - Trigger Pull is measured in seconds for strong and weak hands. (45 sec. - S-30, W-20). Slide Pull is measured in minutes for number of times slide is pulled. (Min. 5 times in 20 seconds). Scoring is same for male/female, all ages.

**SIT-UP**                    MUSCULAR ENDURANCE - The score is the number of bent-leg sit-ups performed properly in one minute.

**PUSH-UP**                    ABSOLUTE STRENGTH – The score is the number of non-modified push-ups performed properly in one minute.

**1.5 MILE  
RUN**                    CARDIOVASCULAR CAPACITY - 1.5 mile run. The score is in minutes: seconds.

Minimum Scores for Employment as a Law Enforcement Officer in Baltimore County:

<u>AGE/SEX</u>	<u>TESTS</u>		
<b>MALES</b>	<b>SIT-UPS</b>	<b>PUSH-UPS</b>	<b>1.5 MI RUN</b>
18-25	35	26	13:15
26-30	34	24	13:36
31-35	32	20	13:44
36-40	31	19	14:05
41-45	27	15	14:34
46-50	26	13	14:53
51-55	21	10	15:58
56+	20	9	16:28
<b>FEMALES</b>	<b>SIT-UPS</b>	<b>PUSH-UPS</b>	<b>1.5 MI RUN</b>
18-25	30	13	15:46
26-30	28	11	16:21
31-35	22	9	16:42
36-40	21	9	16:56
41-45	17	7	17:29
46-50	16	7	18:05
51-55	12	6	19:10
56+	11	5	19:43

**VISUAL STANDARDS** - all candidates must have binocular vision. Corrected vision shall be at least 20/30 in the weaker eye and shall be for both eyes together. The uncorrected standard shall not be worse than 20/100 in the weaker eye (20/180 if soft contacts are worn regularly and consistently for vision correction).

**BRING THIS WAIVER WITH YOU  
TO THE TEST SITE.**

**PHYSICAL AGILITY TEST**

I HAVE REVIEWED THE ATTACHED DESCRIPTION OF THE BALTIMORE COUNTY  
POLICE DEPARTMENT'S PRE-EMPLOYMENT PHYSICAL AGILITY TEST AND CERTIFY  
THAT THE APPLICANT, \_\_\_\_\_, \_\_\_\_\_,  
(Applicant's Name) (Date of Birth)  
IS UNDER MY CARE AND IS IN APPROPRIATE PHYSICAL CONDITION TO BE ABLE TO  
SAFELY PERFORM THE PHYSICAL AGILITY TEST AS DESCRIBED ON THE REVERSE SIDE.

\_\_\_\_\_  
AUTHORIZING PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PHYSICIAN'S NAME (Type or Print)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
PHONE