



Loudoun County Sheriff's Office

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703.771.5048 Applicant Section
www.loudoun.gov/sheriff | sheriff@loudoun.gov



PHYSICAL ABILITIES ASSESSMENT CERTIFICATE

TO BE COMPLETED IN ITS ENTIRETY BY PHYSICIAN

Your patient, _____, wishes to participate in the Physical Abilities Assessment (PAA) to be considered for employment with the Loudoun County Sheriff's Office. All applicants will be encouraged to give a maximum effort on all exercises included in the PAA.

The PAA includes the following physical exercise:

- 1 Minute Sit-up Assessment
- 1 Minute Push-up Assessment
- 1.5 Mile Run Assessment
- 3 Minute Step Assessment
- Vertical Jump Assessment
- Manual Dexterity Assessment (Trigger Pulls with Non-operational Service Weapon)

Please select:

I, the undersigned physician, certify that:

___ It is safe for the patient named above to participate in the PAA

___ It is **not** safe for the patient named above to participate in the PAA

*****NO STAMPED SIGNATURES – PERSONAL SIGNATURES REQUIRED*****

Patient's Name: _____ Date of Birth: _____

Physician's Signature: _____ Date of Examination: _____

Physician's Stamp or Printed Name and Address: _____
