

PHYSICAL PERFORMANCE TEST

CHP 73C (Rev. 4-19) OPI 094

NAME (LAST, FIRST, M.I.)	SOCIAL SECURITY NUMBER	DATE
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DRIVER LICENSE NUMBER	STATE	GENDER <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N	BIRTH DATE (MONTH/DAY/YEAR)	EXAM CODE
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TASK	AMOUNT COMPLETED	PROCTOR'S INITIALS	POINTS EARNED	TASK RESULTS	
				PASS	FAIL
SIT-UPS	<i>(1 minute)</i>			<input type="checkbox"/>	<input type="checkbox"/>
PUSH-UPS	<i>(1 minute)</i>			<input type="checkbox"/>	<input type="checkbox"/>
300 METER RUN	<i>(1 minute)</i>			<input type="checkbox"/>	<input type="checkbox"/>
1.5 MILE RUN	<i>(1 minute)</i>			<input type="checkbox"/>	<input type="checkbox"/>

TOTAL POINTS EARNED:

COMPETITOR: I HAVE EXAMINED THE RECORD ABOVE AND AGREE THAT IT IS AN ACCURATE INDICATION OF MY PERFORMANCE TODAY.

COMPETITOR'S SIGNATURE	DATE
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TESTING OFFICER'S SIGNATURE	DATE
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ACCIDENT WAIVER

WHEREAS, the California State Personnel Board has regularly announced a competitive examination for which my application has been accepted and the conditions of the examination require me to demonstrate my strength, endurance, agility, and/or other physical ability; and

WHEREAS, the facilities and equipment have been provided to me for such demonstration, I certify that I have the physical health, ability, and experience to perform this test without risk or physical harm to myself or to others. The facilities and equipment supplied by the State of California for this performance test are in no way defective, **except**,

I do hereby agree to assume all risks attendant upon the carrying out of the performance of this test and to assume responsibility for any property damage or injury to any person caused by me while participating in the said demonstration of strength, endurance, and agility where such property damage or injury is the result of my negligence or incompetence.

COMPETITOR'S SIGNATURE	DATE
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PRIVACY NOTICE: The Information Practices Act of 1977 (California Civil Code 1798.17) and the Federal Privacy Act of 1974 (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Providing your social security number is voluntary and is being requested for identification purposes only, however, the processing of this document may be hampered if you do not supply your social security number.

REQUEST FOR DEFERRAL

I hereby certify that I am physically unable to participate in the Physical Ability Testing events on this day. I am requesting that my name and test be deferred to a future date. I agree to present to the Sate Personnel Board on or before the 15th day from the date listed below, a notice of certification from a competent medical authority as to the reason for my inability to participate in these activities. **I agree to waive all rights to an appeal if I fail to comply to this 15 day requirement.**

SIGNATURE	DATE
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REQUEST TO WITHDRAW

I hereby voluntarily withdraw from this Physical Ability Testing event. **I understand that my withdrawal means I will be eliminated from the entire examination process. By signing below, I agree to forfeit all rights to appeal from this date forward.**

SIGNATURE	DATE
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