



## Santa Rosa Junior College Public Safety Training Center

5743 Skylane Blvd., Windsor, CA 95492 • 707-837-8843 • FAX 707-836-2948

TO: Physician for Ranger Academy Applicant

FROM: Brian Marvin  
Director, Ranger Academy

RE: Medical Clearance

The individual you are examining is required to obtain a Medical Clearance in order to participate in the Santa Rosa Junior College Ranger Academy. During this 18-week program, there will be strenuous days of academic and physical activity including stress, exercise, arrest control, driving, and weapons training as described below. You are asked to approve student participation by signing page 2 (on the reverse of this page) of this document.

### **Description of Challenges**

- Participating in the Physical Test Battery (PEB), which includes a 1.5 mile run, agility course, sit-ups, bench press, and regular fitness training
- Using batons, handcuffs, pepper spray, and other defensive equipment
- Demonstrating proficiency with weapons (target acquisition while moving, kneeling, lying, and loading, clearing, and firing weapons)
- Using techniques such as escaping from ground fights, administering and escaping from control holds and strikes with hands and feet, twisting of limbs, and pain endurance
- Detecting and responding to real and apparent threats (booby traps, knives, guns, uncooperative suspects)
- Rigorous exertion in emergency situations (climbing, carrying people, apprehension and control of suspects, and foot pursuits for distances over one quarter of a mile, etc.)
- Extensive walking, climbing, kneeling, stooping, running, jumping, twisting, bending, and standing in place
- Lifting and carrying heavy equipment for distances
- Working with hunger and irregular meal schedules
- Driving for long periods of time, under pursuit, and through evasive and emergency situations
- Exhibiting strong mental health, cognitive ability, and emotional stability

Medical clearance to participate in the SRJC Ranger Academy for:

\_\_\_\_\_  
(Print name of individual)

Having personally examined the above named individual's current physical condition, reviewed their medical history, and having read the description provided (on the reverse of this page) of the strenuous days of academic and physical activity including stress, exercise, arrest control, driving, and weapons training, it is my professional option that:

\_\_\_\_\_ Participation in these programs will not pose a medical risk to the above named individual.

\_\_\_\_\_ The above named individual should **not** participate in these programs.

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Medical office stamp required here:**