

**□ STATEMENT OF FITNESS FOR PARTICIPATION IN PHYSICAL TRAINING
AND DEFENSIVE TACTICS
FOR OKANOGAN COUNTY CORRECTIONS STAFF**

Participants will experience the training activities described below while being employed by the Okanogan County Juvenile Corrections Department. The training is required so that participants can fulfill the work requirements of maintaining safety and security at the Juvenile Detention Center.

Personal Safety Training is designed to assist those working with offenders in potentially dangerous situations. This training requires each employee to apply techniques used to escape an attack by an aggressive individual or physically threatening situation using personal safety techniques. Students will or may be applying, demonstrating and experiencing the following techniques during training sessions:

- **Using a heavy training bag as a prop, apply kicks, punches, elbow strikes, knee strikes, and palm heel strikes to the heavy bag.**
- **Flexion and extension of the back, spine, and hips.**
- **During a practical exercise, practice impeding and escape techniques on each other as demonstrated by the instructor.**
- **Crawling, bending, and climbing (under and over bunks and other furniture while conducting a cell search or vehicle search)**
- **Cardiovascular exercises for a sustained period of time. (i.e. short runs, climbing stairs)**

These actions will place repeated stress on the joints and muscles of the abdomen, back, neck, knees, shoulders, wrists, hips and elbows. Participants will sustain moderate to high impact on all parts of the body, specifically the arms, legs, abdomen, obliques, hips, and upper/lower back.

All employees will have these techniques applied on them and must be able to demonstrate them for job proficiency. These techniques, if properly applied, are designed to ensure the safety of the employee, the offenders, visitors, and the facility.

EMPLOYEE STATEMENT

I have reviewed the DESCRIPTION OF PHYSICAL TRAINING COMPONENTS (above) for the Okanogan County Corrections staff employment and believe that I have no health problem or physical limitation existing that would or should preclude me from fully and actively participating in such training.

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

MANDATORY PHYSICIAN STATEMENT

I have reviewed the DESCRIPTION OF PHYSICAL TRAINING COMPONENTS (above) for the Okanogan County Corrections staff employment. It is my professional opinion that employee

_____ can **fully and actively participate** in such training safely and without any undue hazard to his/her health.

**NAME OF EXAMINING PHYSICIAN
OR PHYSICIAN/OFFICE STAMP:** _____

ADDRESS: _____

PHONE: _____

**SIGNATURE OF EXAMINING
PHYSICIAN:** _____ **DATE:** _____