

# WISCONSIN DEPARTMENT OF MILITARY AFFAIRS MILITARY AFFAIRS SECURITY

## PHYSICAL READINESS TEST RESULTS

DMA Form 5.3-3-R (01 July 2017)

(For \*New Hire MASO candidates, \*\*Current MASO and \*\*\*Current MASO returning to work from injury or prolonged illness)

I (print name) \_\_\_\_\_ am performing this readiness test at my own personal risk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Before beginning of each event the time keeper will demonstrate all techniques to be used during the event.

1. Barrier Push / Lift  
Pass \_\_\_\_\_ Fail \_\_\_\_\_
2. Agility Run  
Time of course completion \_\_\_\_\_
3. Training Dummy Drag / Carry  
Pass \_\_\_\_\_ Fail \_\_\_\_\_
4. Sit-up Test  
Pass \_\_\_\_\_ Fail \_\_\_\_\_ Number of Sit-ups \_\_\_\_\_
5. 300 meter run  
Time of course completion \_\_\_\_\_
6. Push-up Test  
Pass \_\_\_\_\_ Fail \_\_\_\_\_ Number of Push-ups \_\_\_\_\_
7. 1.5 Mile Run  
Time of completion \_\_\_\_\_

Time Keeper Name (Print): \_\_\_\_\_

Time Keeper (Signature): \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_

Supervisor (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

\* New Hire candidates: Form to be completed 24 hours before psychological appointment

\*\*Current MASO; Form to be completed and returned to DMA HR along with annual performance review.

\*\*\* Current Employees returning to work from injury or prolonged illness; Must have medical clearance from physician to take readiness test. After completing the test this form will be completed and returned to DMA HR and Risk Manager.