

WISCONSIN DEPARTMENT OF MILITARY AFFAIRS SECURITY
PHYSICAL READINESS TEST RESULTS

(For *Current Employee and **Current Employee returning to work from injury or prolonged illness)

Participant Name: _____ Date: _____

Pre- Hire Annual Return to Work Participant Signature: _____

Before beginning of each event, the timekeeper will demonstrate techniques to be used during the event.

1. Push / Pull / Lift

(Push) Pass _____ Fail _____
(Pull) Pass _____ Fail _____
(Lift) Pass _____ Fail _____

2. Agility Run

Pass _____ Fail _____
Time of course completion _____ seconds

3. Training Dummy Drag / Carry

Pass _____ Fail _____

4. Sit-up Test

Pass _____ Fail _____
Number of Sit-ups _____

5. 300-meter run (984 feet)

Pass _____ Fail _____
Time of course completion _____ seconds

6. Push-up Test

Pass _____ Fail _____
Number of Push-ups _____

7. 1.5 Mile Run (7920 feet)

Pass _____ Fail _____
Time of course completion _____ minutes _____ seconds

Check Box and Sign if participant did not perform PRT due to medical restrictions or if PRT was not completed due to medical reasons.

Test Administrator Signature: _____

Test Administrator Name (Print): _____

Test Administrator (Signature): _____ Date: _____

Timekeeper Name (Print): _____

Timekeeper (Signature): _____ Date: _____

*Current Employee; Form to be completed and returned to DMA HR upon completion.

** 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.