

Military Affairs Security Officer Physical Readiness Test Record of Results



Wis. Stat. Ch. 230.16

INSTRUCTIONS: This form is to be completed by the test administrator(s) at the time the Physical Readiness Test (PRT) is conducted for job applicants and current employees in Military Affairs Security Officer (MASO), MASO-Senior, and MASO Supervisor classifications. The completed form must be submitted to the DMA Medical Coordinator at DMAMedicalCoordinator@widma.gov for retention in the individual's confidential medical file.

Before beginning each event, the test administrator will demonstrate techniques to be used during the event. In addition, prior to the start of the PRT, the test administrator will speak with the participant to ensure the participant's ability to complete the test without restrictions. If the participant declares they are unable to participate due to a restriction, the test will be terminated or will not be given, and the test administrator should immediately contact the DMA Medical Coordinator.

PARTICIPANT NAME _____	REASON FOR TEST <input type="checkbox"/> Pre-Hire <input type="checkbox"/> Annual <input type="checkbox"/> Return to Work
TEST DATE _____	ATTEMPT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> Participant acknowledges that they feel physically and mentally capable of attempting the PRT today. <input type="checkbox"/> Participant refuses to attempt the scheduled PRT. Reason: _____	PARTICIPANT SIGNATURE _____
PUSH / PULL / LIFT PUSH Pass _____ Fail _____ PULL Pass _____ Fail _____ LIFT Pass _____ Fail _____	AGILITY RUN (Pass = 23.4 seconds or less) Pass _____ Fail _____ Time of course completion _____ seconds
TRAINING DUMMY DRAG / CARRY Pass _____ Fail _____	SIT-UPS (Pass = 24 within 2 minutes) Pass _____ Fail _____ Number of sit-ups _____
300-METER RUN (Pass = 90 seconds or less) Pass _____ Fail _____ Time of course completion _____ seconds	PUSH-UPS (Pass = 18 within 5 minutes) Pass _____ Fail _____ Number of push-ups _____
1.5 MILE RUN (Pass = 20 minutes or less) Pass _____ Fail _____ Time of course completion _____ minutes _____ seconds	
<input type="checkbox"/> Participant self-terminated the PRT <input type="checkbox"/> Administrator terminated the PRT Reason: _____	

The signatures below acknowledge that this Physical Readiness Test Record of Results form is accurate and complete to the extent of our ability.

TEST ADMINISTRATOR NAME (PRINT)	CLASSIFICATION / JOB TITLE
TEST ADMINISTRATOR SIGNATURE	DATE SIGNED

TIMEKEEPER NAME (PRINT)	CLASSIFICATION / JOB TITLE
TIMEKEEPER SIGNATURE	DATE SIGNED