

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT VITAL INTERVENTION DIRECTIONAL ALTERNATIVES

STATEMENT OF HEALTH FOR MINOR

EXAMINING PHYSICIAN

Each participant will be required to perform various calisthenics outlined in the President's Fitness Challenge such as: Marching (Close Order Drill), circuit training, sit-ups, push-ups, pull-ups, jumping jacks, leg lifts, sprinting and jogging (up to 3 miles). All the physical training is monitored by the VIDA staff. The calisthenics are designed to educate the participant as to the importance of physical exercise and maintaining a healthy lifestyle. The Center for Disease Control identified obesity in children and teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, interpreting, and immediately reacting to verbal commands as they relate to physical training and marching drills. The participant will occasionally be required to stand "at attention" for varied periods of time, not exceeding ten (10) minutes.

The purpose of this letter is to document the minor, _____

Name of minor

may or may not participate in the above listed physical training activities. Physical training is one of the components of the Los Angeles County Sheriff's Department VIDA program.

The parent(s)/legal guardian(s) were directed by the Los Angeles County Sheriff's Department VIDA staff, to have a physician conduct a physical examination of the above listed minor.

I, _____ am the above listed minor's physician and
Please Print: Physician's name

have conducted a physical examination of said minor. I have read the above activity descriptions and have conducted a physical examination on the above listed minor. Based on my examination of the minor, it is my professional opinion the minor:

- Able to participate in the above stated physical activities.
- Shall **NOT** participate in the above stated physical activities for the indicted reason(s):

Examining physician's signature: _____ **Date:** _____

Name of medical office:	_____
Physician's address:	_____ _____
Phone number:	() _____ - _____

OFFICE STAMP
