

DPSST ORPAT

Name: _____ Class: _____ DPSST# _____

Female ☐ Male ☐ Age: _____ Years experience: _____

Pre-Test Date: _____

INSTRUCTORS NAME: _____

Course Time	Raw Time		Final Time	
Penalty	2 Sec warning		2 Sec	
Penalty	5 Sec warning		5 Sec	
Dummy Drag	Demo		No Demo	

Wall

Push
2 Back
2 Front
Pull

Back	Front	Back	Front	Back	Front
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Post-Test Date: _____

INSTRUCTOR NAME: _____

Course Time	Raw Time		Final Time	
Penalty	2 Sec warning		2 Sec	
Penalty	5 Sec warning		5 Sec	
Dummy Drag	Demo		No Demo	

Wall

Push
2 Back
2 Front
Pull

Back	Front	Back	Front	Back	Front
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Acknowledgement and Waiver

I affirm I have met the health and fitness qualifications attested to on my Medical Form (F-2). I also affirm that I currently meet those qualifications. I understand I will be required to participate in fitness training as well as other physical activities, including, but not limited to, defensive tactics. I understand that I am responsible for my health and safety and I will notify an instructor immediately if I cannot perform the requirements.

Signature of Recruit

Date