



TASMANIA POLICE

# Physical Health Standards for Police Applicants

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# Introduction

Policing is a unique profession that demands a high degree of physical and mental fitness to manage the often testing nature of the job.

Tasmania Police needs to ensure that, as an organisation, it is not going to place an applicant at an undue risk of harm or aggravation of any pre-existing condition (either physical or mental) by employing them as a police officer. Additionally, applicants need to display that their physical and mental abilities meet the inherent requirements to be a police officer.

It is as a result of these requirements that the following standards for Tasmania Police applicants have been developed. It is incumbent upon applicants to disclose all medical conditions and symptoms to ensure that a full assessment can be made about their medical suitability to undertake the role of a police officer.

Applicants enquiring in relation to Psychological Standards are to contact Tasmania Police Recruitment Services on [recruiting@police.tas.gov.au](mailto:recruiting@police.tas.gov.au)

# Body Morphology

## Body Mass Index (BMI)

BMI uses weight and height to determine whether an adult is within the healthy weight range, underweight, overweight or obese.

It provides an estimate of total body fat and the risk of developing weight-related diseases. BMI should be a guide only and recommended ranges differ between males and females, ethnic and age groups. Generally, a BMI of less than 20 indicates a lack of conditioning which will impede effectiveness as a police officer, especially in the rigorous recruit training phase. BMI greater than 30 may need further investigation, including an assessment of body fat percentage.

## Body Fat Measurements

Acceptable body fat measurements are females <30% and males <20%.

## Waist / Hip Ratios

Waist / Hip ratio should be less than 0.95.

## General

Applicants whose BMI, waist/hip ratio or body fat % exceed acceptable values may be encouraged to improve their fitness and reapply in the future. Similarly, applicants who do not meet the minimum BMI may be encouraged to improve their muscle mass.

# General Fitness Standard for Entry

Applicants to Tasmania Police who have successfully progressed beyond the initial vetting stage of the recruitment process will be invited to physical testing. The tests are designed to replicate the physical stresses encountered during training at the Police Academy and whilst performing the inherent roles of an operational police officer. These are the minimum standards, recruits are expected to maintain and improve on their fitness throughout their training.

| Assessment Tool (must pass)                          | 18-29 yrs                | 30-39 yrs                | 40+ yrs                  |
|--|--------------------------|--------------------------|--------------------------|
| <b>Multistage Fitness Test (Beep Test)</b>           | M > 8.8<br>F > 6.6       | M > 8.4<br>F > 6.2       | M > 7.8<br>F > 5.7       |
| <b>Handgrip Test</b> (must be meet on dominate hand) | M > 45<br>F > 25         | M > 45<br>F > 25         | M > 45<br>F > 24         |
| <b>Push Ups</b> - Max in 60 Seconds                  | M > 20<br>F > 6          | M > 20<br>F > 6          | M > 20<br>F > 6          |
| <b>Illinois Agility Test</b>                         | M < 20.0<br>F < 22.0     | M < 20.0<br>F < 22.0     | M < 20.0<br>F < 22.0     |
| Areas Taken Under Consideration                      |                          |                          |                          |
| <b>Body Mass Index</b>                               | 20 - 30                  | 20 - 30                  | 20 - 30                  |
| <b>Waist Hip Ratio</b>                               | M - < 0.95<br>F - < 0.85 | M - < 0.95<br>F - < 0.85 | M - < 0.95<br>F - < 0.85 |

## Vision

| Standard   | Exclusion                                     |
|--|---|
| Distance Visual Acuity<br>Binocular 6/9 or better, with or without aid | Monocular vision – using both eyes separately |
| Near visual acuity<br>N8 or better, with or without aid                |   |

| Standard  | Exclusion   |
|---|---|
| <p>Colour vision – Applicants will be required to have perfect colour vision or pass the Ishihara and/or Farnsworth D15 tests.</p> <p>If the Ishihara tests is passed there is no need to undertake the Farnsworth D-15 test.</p> | <p>Failing both the Ishihara and Farnsworth D15 vision tests will result in an exclusion.</p> <p>If the Ishihara test is failed but the Farnsworth D-15 is passed, then the applicant will have been successful in passing the colour vision requirement.</p> |
| <p>Visual fields</p> <p>Minimum 85 degrees either side of horizontal meridian and 20 degrees of vertical meridian</p>   | <p>Significant scotomata – blind spot in visual field</p>   |
| <p>Nil Binocular fusion – merging of images</p>   | <ul style="list-style-type: none"> <li>• Esotropia (&gt;10 prism diopters) – cross eyed</li> <li>• Any degree of diplopia - seeing 2 images instead of one</li> </ul>   |
| <p>Refractive Surgery</p> <p>Minimum 3 months post LASIK or LSEK surgery</p> <p>Minimum 6 months post PRK surgery</p>   | <ul style="list-style-type: none"> <li>• Radial keratotomy (case by case) - refractive surgical procedure to correct myopia (near-sightedness)</li> <li>• Retinal detachment (case by case)</li> <li>• Glaucoma (case by case)</li> </ul>                     |

## Hearing

| Standard   | Exclusion  |
|--|--|
| <p>Minimum 0.5 – 4Khz @ 30dB</p> <p>Minimum .4Khz @ 40dB</p> | <ul style="list-style-type: none"> <li>• Hearing aids (case by case)</li> <li>• Tinnitus with functional impairment</li> </ul> |

# Cardiovascular Health

| Standard   | Exclusion  |
|--|--|
| <p>Normal exercise stress test if &gt;40 years of age</p> <p>BP 140/85</p> | <ul style="list-style-type: none"> <li>• Valvular disease - damage to or a defect in one of the four heart valves (case by case)</li> <li>• Tachy or Brady arrhythmias resulting in symptoms – Fast / Slow beats</li> <li>• Implanted defibrillator or pacemaker.</li> <li>• Atrial flutter / fibrillation with or without anticoagulant treatment</li> <li>• AV block – electrical impairment (case by case)</li> <li>• LBBB, RBBB – needs EST to evaluate</li> <li>• WPW syndrome – treated or untreated (case by case)</li> <li>• Other electrical abnormality (case by case)</li> <li>• Repaired congenital heart disease (case by case)</li> <li>• Cardiomyopathy</li> <li>• History of endocarditis</li> <li>• History of pericarditis less than 2 years prior</li> <li>• Cardiomegaly from any cause</li> <li>• Heart failure</li> <li>• Angina or intermittent claudication</li> <li>• Aneurysms</li> <li>• Vasculitis</li> <li>• Varicose veins / thrombophlebitis</li> <li>• Unexplained syncope</li> <li>• Pulmonary embolus less than 2 years prior (case by case)</li> <li>• DVT less than 1 year prior (case by case)</li> </ul> |

# Respiratory Health

| Standard   | Exclusion  |
|--|--|
| <p>Normal spirometry: FVC&gt;80% of predicted, FEV1/FVC&gt;70%</p> <p>Asthma – normal spirometry and negative bronchial provocation test (low dose inhaled steroids permitted)</p> | <ul style="list-style-type: none"> <li>• Asthma – exercise induced and not controlled or on long term oral steroids</li> <li>• Sleep apnoea (case by case)</li> <li>• Recurrent pneumothorax</li> <li>• Tuberculosis – less than 12 months since cessation of treatment</li> <li>• Sarcoidosis (case by case) - disease involving abnormal collections of inflammatory cells that form lumps</li> <li>• Chronic obstructive airways disease</li> <li>• Bronchiectasis - permanent enlargement of parts of the airways of the lung (case by case)</li> <li>• Cystic fibrosis</li> <li>• Active smoker (case by case)</li> </ul> |

# Musculoskeletal Health

| Standard  | Exclusion  |
|---|--|
| <p>All joints and limbs have full range of motion and movement including grip strength as per fitness entry standards</p> | <ul style="list-style-type: none"> <li>• Spinal column disease or injury (case by case)</li> <li>• Spondylolisthesis</li> <li>• Unspecified back pain (undiagnosed)</li> <li>• Shoulder injury or disease (case by case)</li> <li>• Unrepaired, recurrent shoulder dislocation</li> <li>• Major shoulder surgery in the previous 12 months</li> <li>• Rotator cuff pathology, bicep tendinitis, adhesive capsulitis or treatment for above in previous 6 months</li> <li>• AC joint injury (case by case)</li> <li>• Elbow injury or disease (case by case)</li> </ul> |



| Standard | Exclusion   |
|----------|---|
|          | <ul style="list-style-type: none"> <li>• Hip or pelvis injury or disease (case by case)</li> <li>• Osteoarthritis of the hip (case by case) or hip replacement</li> <li>• Instability of the knee (undiagnosed)</li> <li>• Unrepaired ACL injury (case by case)</li> <li>• Osteoarthritis of the knee (case by case)</li> <li>• Total knee replacement</li> <li>• Major knee surgery in the previous 12 months</li> <li>• Unrepaired meniscal tear (case by case)</li> <li>• Patellofemoral syndrome (case by case)</li> <li>• Chondromalacia (case by case)</li> <li>• Compartment syndrome (case by case)</li> <li>• Shin splints, medial tibial stress syndrome (case by case)</li> <li>• Ankle/foot injury or disease (case by case)</li> <li>• Lumbar nerve root irritation (case by case)</li> <li>• Ankylosing spondylitis (case by case)</li> <li>• Muscular dystrophy, amputations, congenital deformity (case by case)</li> </ul> |

## Haematopoietic health

| Standard                           | Exclusion  |
|------------------------------------|--|
| Blood indices within normal limits | <ul style="list-style-type: none"> <li>• Chronic or unexplained anaemia</li> <li>• Bleeding disorder</li> <li>• Clotting disorder (PE, DVT) (case by case)</li> <li>• Leukaemia (case by case)</li> <li>• Polycythaemia</li> <li>• Myelofibrosis</li> <li>• Sickle cell disease</li> </ul> |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Thalassaemia - requiring treatment (case by case)</li> <li>• Haemochromatosis with end organ damage</li> </ul> |
|--|---|

## Skin Health

| Standard    | Exclusion   |
|-------------|---|
| Normal skin | <ul style="list-style-type: none"> <li>• Any ulcerating skin condition, including untreated eczema, psoriasis and skin malignancy</li> <li>• Malignant melanoma within the previous 2 years (case by case)</li> </ul> |

## Genitourinary Health

| Standard                     | Exclusion   |
|------------------------------|---|
| Normal genitourinary systems | <ul style="list-style-type: none"> <li>• Active organic disease of bladder, kidney, uterus or cervix</li> <li>• Renal or bladder calculi (case by case)</li> <li>• Polycystic or single kidney</li> <li>• Any degree of renal failure</li> <li>• Renal transplant</li> <li>• Catheter transplantation or catheter in situ</li> <li>• Hydrocele</li> <li>• Varicocele – treated in past 6 months</li> <li>• Other disease of prostrate, internal or external genitalia, haematuria (case by case) or proteinuria (case by case)</li> <li>• Endometriosis (case by case)</li> <li>• Dysmenorrhoea (case by case)</li> <li>• Untreated sexually transmitted infection</li> </ul> |

| Standard | Exclusion |
|----------|-----------|
|          |           |

## Endocrine Health

| Standard  | Exclusion   |
|---|---|
| <p>Normal function of all endocrine glands</p> <p>NIDDM with HbA1C less than 8 on 3 monthly readings for past 12 months and absent hypoglycaemic episodes is acceptable</p> | <ul style="list-style-type: none"> <li>• Dysfunction of any endocrine gland</li> <li>• Insulin dependent diabetes (case by case)</li> <li>• NIDDM with aberrant HbA1C readings (.8) or hypoglycaemic episodes or end organ damage</li> <li>• Poorly controlled thyroid disease</li> </ul> |

## Ear, Nose and Throat Health

| Standard  | Exclusion  |
|---|--|
| <p>Normal function of ears, nose and throat</p> | <ul style="list-style-type: none"> <li>• Chronic otitis externa or media</li> <li>• Nasal obstruction, polyps, deviated septum</li> <li>• Untreated dental or gum disease</li> <li>• Hyposmia - No sense of smell</li> </ul> |

## Gastrointestinal Health

| Standard   | Exclusion  |
|--|--|
| <p>Normal function of GI tract, liver, gall bladder and pancreas</p> | <ul style="list-style-type: none"> <li>• Any form of hernia (minimum 3 months post-surgery)</li> <li>• Active liver disease</li> </ul> |

| Standard | Exclusion   |
|----------|---|
|          | <ul style="list-style-type: none"> <li>• Hep B or C without symptoms or end organ damage (case by case)</li> <li>• Cirrhosis</li> <li>• Gall bladder disease, calculi – kidney stones</li> <li>• Pancreatitis (case by case)</li> <li>• Untreated gastro-oesophageal reflux</li> <li>• Peptic ulceration (case by case) (as above)</li> <li>• Irritable bowel disease with symptoms (case by case)</li> <li>• Crohns disease (case by case)</li> <li>• Ulcerative colitis (case by case)</li> <li>• Diverticulitis with symptoms</li> <li>• Any GI bleeding (case by case) (as per peptic ulceration)</li> <li>• Stoma (case by case)</li> <li>• Asplenia – unless evidence of vaccination with pneumococcal, meningococcal and influenza vaccines and without evidence of immune compromise</li> </ul> |

## Neurological Health

| Standard   | Exclusion   |
|--|---|
| <p>Normal central and peripheral nervous system function</p> <p>Epilepsy – must be eligible for commercial vehicle drivers licence</p> | <ul style="list-style-type: none"> <li>• Epilepsy – failure to meet commercial vehicle drivers licence standards (default 10 years seizure free or 5 years with conditions)</li> <li>• Unexplained fits or fainting</li> <li>• Migraines or cluster headaches resulting in physical impairment</li> <li>• Narcolepsy – untreated - excessive daytime sleepiness</li> <li>• Sleep apnoea – untreated (case by case)</li> </ul> |

| Standard | Exclusion   |
|----------|---|
|          | <ul style="list-style-type: none"> <li>• Cerebro-vascular accident with residual deficit – stroke</li> <li>• Other neurological conditions resulting in deficit (case by case)</li> </ul> |

## Malignant Disease

| Standard   | Exclusion   |
|--|---|
| Successfully treated malignant disease acceptable (case by case) | Malignant disease – untreated or for which outcome uncertain (case by case) |

## Pregnancy

| Standard                       | Exclusion              |
|--------------------------------|------------------------|
| Minimum 6 months post delivery | Any stage of pregnancy |

## Miscellaneous Conditions

The following conditions are those which will exclude an applicant:

- Chronic Fatigue Syndrome
- HIV – untreated or with low CD4 count and detectable viral load
- Surgery within 3 months (case by case), or
- Tropical diseases (case by case) – in general must be non-infectious and symptom free.

# Medication

The following are a list of medications which will exclude an applicant:

- Blood modifiers, including anticoagulants, platelet aggression inhibitors or reducing agents, haematopoietic, antihemophilic
- Antineoplastic agents (oncologic and non-oncologic use)
- Opioid / narcotic analgesics
- Insulin (case by case)
- Central nervous system agents including but not limited to antidepressants (in past 24 months), sedatives, anticonvulsants (see section on epilepsy), mood regulators, antipsychotics, amphetamines (**Psychological Health Guidelines – contact Police Recruitment for advice**), or
- Weight loss drugs (case by case) in the last 6 months (the preference would be a healthy recruit with stable weight not requiring weight loss medication in the recent past to meet the requirements).

## Case by Case References

Where 'case by case' is referred to for a medical condition, this will require a medical report from a doctor or specialist to clear the applicant.

Where 'case by case' is not referred to, the condition is an automatic exclusion.