

Last Name	First Name
Permanent Code	Sex
College Institution	Assessment Date
Address	A.E.C. <input type="checkbox"/> yes
Postal Code	Telephone
E-mail Address	

TIMED CIRCUIT
Maximum duration of 322 seconds (5 min 22 s)

<p>LAP 1</p> <ul style="list-style-type: none"> ▪ Illuminated targets ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Push ▪ Low walls ▪ T-test 	<p align="center"><i>Compilation of data for statistical purposes</i></p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> --▶ Total number 1 2 3 4 5 or + _____</p> <p>JUMP Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> --▶ Total number 1 2 3 4 5 or + _____</p>
<p>LAP 2</p> <ul style="list-style-type: none"> ▪ Illuminated targets ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Pull ▪ Low walls 	<p align="center"><i>Compilation of data for statistical purposes</i></p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> --▶ Total number 1 2 3 4 5 or + _____</p> <p>JUMP Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> --▶ Total number 1 2 3 4 5 or + _____</p>
<p>LAP 3</p> <ul style="list-style-type: none"> ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Low walls ▪ Victim body drag ▪ Illuminated targets 	<p align="center"><i>Compilation of data for statistical purposes</i></p> <p>JUMP Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> --▶ Total number 1 2 3 4 5 or + _____</p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> --▶ Total number 1 2 3 4 5 or + _____</p>
<p>TOTAL COMPLETION TIME</p>	<p>_____ MIN _____ S <input type="checkbox"/> WITHDRAWAL (NOTE THE TIME)</p>
<p>FINAL RESULT</p>	<p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL (DOCUMENT FAILURE)</p>

NOTES (e.g., reason for failure, health condition, injury, reason for absence, difficulty observed during the test)

NAME OF THE PERSON IN CHARGE OF ASSESSMENT _____

SIGNATURE OF THE PERSON IN CHARGE OF ASSESSMENT _____