Firefighter Applicant Physical Aptitude Evaluation

Medical Examination Report and Opinion

Patient Information			
Surname		Given Names	Date of Birth (yyyy-mm-dd)
Height (cm)	Weight (kg)	Resting Heart Rate	Resting Blood Pressure

This person is an applicant to emergency services profession. They are required to perform a Firefighter Applicant Physical Aptitude Evaluation. This test is designed to simulate and measure their ability to perform duties that would be encountered on the job.

The test consists of assessing aerobic endurance using the Girkin Treadmill Evaluation to determine VO_{2MAX}. The minimum time to complete to pass is 12-minutes and 30-seconds. There will be a 30-minute rest period prior to completing the job-related performance tests. These tests consist of lifting equipment (20 kg) and walking 40 m, dragging weighted 44 mm hose (67 kg) 30 m, pulling a weighted sled (45 kg) 45 m, swinging a 4.5 kg sledgehammer, dragging a victim (83 kg) to safety (30 m), and climbing a 7.2 m ladder five times. These job-related performance tests will all be completed wearing an 18 kg weighted vest, helmet, and gloves.

In Addition to your usual examination, we request your assessment of this person with respect to factors which may play him/her at risk during this maximal assessment or job-related duties. These may include but are not limited to the following:

1. Hypertension with possible causative factors;
2. Diabetes Mellitus;
3. Persons with known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, dizziness;
4. Individuals with low fitness levels;
5. Acute systemic infections including viral respiratory infections;
6. Muscular and/or skeletal problems which may affect physical performance or present long-term limitations on the persons;
7. Any other areas of concern

Comments:

In your opinion is this person at risk in completing a Firefighter Applicant Physical Aptitude Evaluation?

☐ Yes   ☐ No

_____ _____ _____
Physician's signature   Date (yyyy-mm-dd)   Physician's stamp