



## Yakima County Fire District 5

### Work Capacity Physical Fitness Test Information Consent/Release



The work capacity physical fitness test is comprised of three tests to measure physical fitness levels for related duties in wildland and prescribe fire.

- **Pack Test- Arduous The 3-mile test with a 45 pound pack in 45 minutes is strenuous, but no more so than the duties of wildland firefighting.** Arduous work involves above average endurance (aerobic fitness), lifting more than 50 pounds (muscular fitness), and occasional demands for extraordinarily strenuous activities. All wildland firefighters perform arduous duty
- **Field Test-Moderate The 2-mile test with a 25 pound pack in 30 minutes is fairly strenuous, but no more so than the field duties.** Moderate work involves lifting 25 - 50 pounds, and occasional demand for moderately strenuous activity. Safety officers and fire behavior officers perform moderate duty
- **Walk Test-Light The 1-mile walk in 16 minutes is moderately strenuous, but no more so than the duties assigned.** Light work involves mainly office-type work with occasional field activity.

Risks—There is a slight risk of injury (blister, sprained ankle, sore leg), especially for those who have not practiced and trained for the test. For active individuals, the risk of a serious cardiovascular event is small. However, for inactive (sedentary) individuals, the risk is 56 times greater. Be certain to warm up and stretch before taking the test and to cool down afterward. The risk of more serious consequences (such as respiratory or heart problems) is diminished if you complete the health-screening questionnaire truthfully.

If you cannot answer “No” to all the questions in the health-screening questionnaire or if you are unaccustomed to vigorous exercise you should consult your physician before you take the Work Capacity Physical Fitness Test. Tell your doctor about the health-screening questionnaire and take the form with you.

1. I have read the information on this form and understand the nature; purpose and risks of the job related Work Capacity Physical Fitness Test.
2. I have completed the health-screening questionnaire.
3. Yakima County Fire District 5 reserves the right to refuse or stop the Work Capacity Physical Fitness Test if the applicant shows any signs of stress.
4. I assume responsibility and release Yakima County Fire District 5 from any liability for injuries sustained in testing that result from any physical or mental disorders.

Indicate Which Test You Will Be Taking (Check One)

Pack Test	Field Test	Walk Test

Name		Shirt Size	
Signature		Date	
Examiner		Test Time	

**HEALTH SCREENING QUESTIONNAIRE (HSQ)**  
**Assess your health needs by marking all true statements.**

The purpose is to identify individuals who may be at risk in taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Firefighters are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

**Check ‘Yes’ or ‘No’ in response to the following questions:**

1. During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest.  
[ ] Yes [ ] No
2. During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout?  
[ ] Yes [ ] No
3. Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?  
[ ] Yes [ ] No
4. Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?  
[ ] Yes [ ] No
5. Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant?  
[ ] Yes [ ] No
6. Do you have a resting pulse greater than 100 beats per minute?  
[ ] Yes [ ] No
7. Do you have any arthritis, back trouble, hip /knee/joint /pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test?  
[ ] Yes [ ] No
8. Do you have personal experience or doctor’s advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?  
[ ] Yes [ ] No
9. Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia?  
[ ] Yes [ ] No
10. Do you know of any other reason why you should not do physical activity?  
[ ] Yes [ ] No

Regardless whether you are taking the Work Capacity test at the Arduous, Moderate or Light duty level, a “Yes” answer requires a determination from your personal physician stating that you are able to participate.