

**CANDIDATE PHYSICAL ABILITY TEST
SIGN IN SHEET**

LAST NAME: _____ FIRST NAME: _____ ID#: _____
(please print)

STREET ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

TELEPHONE #: _____

DRIVERS LICENCE #: _____ SIN #: _____

DATE OF BIRTH: _____

IN CASE OF EMERGENCY, I AUTHORIZE YOU TO CONTACT :

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

SIGNATURE: _____ DATE: _____

CANDIDATE PHYSICAL ABILITY TEST WAIVER OF CLAIM FOR INJURY

This form must be signed before you will be permitted to participate in the Candidate Physical Ability Test.

You will be asked to perform eight (8) physical tasks and will be given specific instructions (by videotape and proctors) in the manner in which these physical tasks are to be performed. The eight (8) physical tasks are:

1. STAIR CLIMB
2. HOSE DRAG
3. EQUIPMENT CARRY
4. LADDER RAISE AND EXTENSION
5. FORCIBLE ENTRY
6. SEARCH
7. RESCUE
8. CEILING BREACH AND PULL

I have read and understand the physical effort which this Candidate Physical Ability Test involves. I am physically capable of participating in this test. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Candidate Physical Ability Test. I voluntarily participate as part of my application for fire fighter with the City of Abbotsford Fire Rescue Service.

LAST NAME *(please print)*

FIRST NAME

MI

APPLICANT SIGNATURE

DATE

SOCIAL INSURANCE NUMBER

CANDIDATE PHYSICAL ABILITY TEST REHABILITATION FORM

It is normal to feel tired after the performance test. There are some signs that may mean that the exertion is causing more serious problems. If any of the following signs or symptoms occur, you should call your physician or the local Emergency Services.

- ◆ Nausea, vomiting, dizziness, or headache lasting more than a few hours
- ◆ Extreme weakness
- ◆ Fever
- ◆ Confusion
- ◆ Generalized muscle aching lasting more than one day
- ◆ Dark urine or very little urine

LAST NAME *(please print)*

FIRST NAME

MI

APPLICANT SIGNATURE

DATE

SOCIAL INSURANCE NUMBER

For Office Use Only

BASELINE PULSE: _____

REHAB TIME IN: _____

REHAB TIME OUT: _____

PULSE IN: _____

PULSE OUT: _____

CANDIDATE PHYSICAL ABILITY TEST EVALUATION FORM

Candidate Name (Please Print)			Date:
Last:	First:	Middle Initial:	SIN: _____ / _____ / _____
EVENT 1 STAIR CLIMB		Check all boxes that apply	
<input type="checkbox"/> 1 st Fall or Dismount During Warm-up (Warm-up restarted)	<input type="checkbox"/> 2 nd Fall or Dismount During Warm-up (Warm-up restarted)	<input type="checkbox"/> Failure (Falls or Dismounts StepMill third time during Warm-up)	Elapsed Time at Failure:
<input type="checkbox"/> 1 st Warning (Grasped wall or equipment for weight bearing)	<input type="checkbox"/> 2 nd Warning (Grasped wall or equipment for weight bearing)	<input type="checkbox"/> Failure (Grasped wall or equipment for weight bearing)	Elapsed Time at Failure:
EVENT 2 HOSE DRAG		Check all boxes that apply	
<input type="checkbox"/> Failure (Fails to go around drum or goes outside marked path)			Elapsed Time at Failure:
<input type="checkbox"/> 1 st Warning (No knee contact with ground)	<input type="checkbox"/> Failure (No knee contact with ground)		Elapsed Time at Failure:
<input type="checkbox"/> 1 st Warning (Knee outside boundary)	<input type="checkbox"/> Failure (Knees outside boundary)		Elapsed Time at Failure:
EVENT 3 EQUIPMENT CARRY		Check all boxes that apply	
<input type="checkbox"/> Failure (Saw dropped to ground during carry)			Elapsed Time at Failure:
<input type="checkbox"/> 1 st Warning (Running)	<input type="checkbox"/> Failure (Running)		Elapsed Time at Failure:
EVENT 4 LADDER RAISE AND EXTENTION		Check all boxes that apply	
<input type="checkbox"/> 1 st Warning (Misses rung during raise)	<input type="checkbox"/> Failure (Misses rung during raise)		Elapsed Time at Failure:
<input type="checkbox"/> Failure (Allows ladder to fall during raise, safety lanyard activated)			Elapsed Time at Failure:
<input type="checkbox"/> Failure (Does not maintain control of rope halyard in a hand over hand manner, allowing rope halyard to slip in an uncontrolled manner)			Elapsed Time at Failure:
<input type="checkbox"/> 1 st Warning (Steps outside boundary)	<input type="checkbox"/> Failure (Steps outside boundary)		Elapsed Time at Failure:
EVENT 5 FORCIBLE ENTRY		Check all boxes that apply	
<input type="checkbox"/> 1 st Warning (Steps inside toe-box)	<input type="checkbox"/> Failure (Steps inside toe-box)		Elapsed Time at Failure:
<input type="checkbox"/> Failure (Does not maintain control of sledgehammer so that it is released from both hands)			Elapsed Time at Failure:
EVENT 6 SEARCH		Check all boxes that apply	
<input type="checkbox"/> Failure (Requested assistance requiring opening of an escape hatch or the entrance/exit covers)			Elapsed Time at Failure:
EVENT 7 RESCUE		Check all boxes that apply	
<input type="checkbox"/> 1 st Warning (Grasps or rests on drum)	<input type="checkbox"/> Failure (Grasps or rests on drum)		Elapsed Time at Failure:
EVENT 8 CEILING BREACH AND PULL		Check all boxes that apply	
<input type="checkbox"/> 1 st Warning (Steps outside boundary)	<input type="checkbox"/> Failure (Steps outside boundary)		Elapsed Time at Failure:
<input type="checkbox"/> 1 st Warning (Drops pike pole to ground)	<input type="checkbox"/> Failure (Drops pike pole to ground)		Elapsed Time at Failure:
Lead Proctor's Name		Use this column if candidate fails an Event	
		Event #	
Lead Proctor's Signature		Lead Proctor Name	
Candidate's Signature		Signature	

Time on clock at Finish: _____

Min. _____ Sec. _____

Pass / Fail

(Circle One)