



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 employment.

LAST NAME: _____ FIRST NAME: _____ MI: _____
(please print)

APPLICANT SIGNATURE: _____

ORIENTATION DATE: _____

PRACTICE 1 DATE: _____

PRACTICE 2 DATE: _____

FINAL TEST DATE: _____

TODAY'S DATE: _____



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: _____ FIRST NAME: _____ MI: _____
(please print)

APPLICANT SIGNATURE: _____ DATE: _____

TIME IN: _____

TIME OUT: _____