



ACKNOWLEDGEMENT AND WAIVER OF CPAT ORIENTATION AND/OR CONDITIONING PERIOD AND/OR TIMED PRACTICE RUNS.

This form must be signed before you will be permitted to take the Candidate Physical Ability Test (CPAT) if you did not attend the orientation and practice sessions prior to this test.

A fire department administering CPAT as a condition of hire, must ensure that all candidates were provided full and equal access to a CPAT orientation and practice program. The orientation and practice program must commence at least eight (8) weeks before commencement of the official CPAT test date. This program is composed of two phases.

1. The fire department will provide each candidate a full and equal opportunity to attend at least two (2) orientation sessions during which candidates will receive “hands-on” familiarity with the actual CPAT test apparatus. These required orientation sessions will be provided by certified Peer Fitness Trainers, fitness professionals and/or CPAT-trained fire fighters (proctors). These individuals will familiarize each candidate with each CPAT task and the test apparatus. They will advise all candidates concerning specific conditioning regimens and techniques to help each candidate prepare for the CPAT test.
2. The fire department will provide each candidate a full and equal opportunity to attend at least two (2) timed practice runs of the CPAT, using CPAT apparatus. These required practice runs must occur within thirty (30) days before the commencement of the official CPAT test dates. Following each practice session, certified Peer Fitness Trainers, fitness professionals, and/or CPAT-trained fire fighters (proctors) shall help the candidates understand the test elements and how they can improve their performance and conditions.

This two-phased orientation and practice program is a mandatory condition for candidates taking the CPAT test. However, it is recognized that some individuals may be capable of passing CPAT without participation in these programs. These individuals may excuse themselves from this mandatory condition upon the receipt by the fire department of a written and signed waiver, acknowledging that the fire department made available these programs on an equal basis to all candidates and that the candidate knowingly and voluntarily waived participation in the orientation and practice sessions.

Orientations and practice sessions are designed to give each candidate identical information regarding the test so that each will have the maximum probability for success. During the classroom orientation, candidates are shown the CPAT orientation video and are given the CPAT Candidate Preparation Guide. The orientation and practice sessions provide an equal and full opportunity for each candidate to view the test events, talk with qualified professionals and instructors and physically examine and use test equipment, tools, and props in a controlled and consistent setting. Candidates are directed to familiarize themselves with all elements of the test. Further information regarding the orientation and practice sessions may be obtained from your fire department.

I have read and understand the nature of the orientation and practice sessions and the time period between orientation and actual CPAT administration. By executing this acknowledgment, I hereby knowingly and voluntarily waive my right to participate in the above-described orientation and practice sessions.

LAST NAME (please print) _____ FIRST NAME _____

APPLICANT SIGNATURE _____

DATE OF TEST: _____

TODAY'S 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 employment.

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

APPLICANT SIGNATURE: _____

DATE OF TEST: _____

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: _____