



# CANDIDATE PHYSICAL ABILITY TEST

## Form 1B – Information



### MEDICAL CLEARANCE REQUEST

Dear Doctor:

The client who has made an appointment with you has applied for a position as a fire fighter.

As a pre-employment requirement, applicants must demonstrate a minimal level of physical fitness required of entry-level firefighters. This demonstration is to be accomplished by successfully completing a test called the Candidate Physical Ability Test [CPAT].

CPAT was developed to allow Fire Departments to obtain a pool of qualified candidates physically able to perform essential tasks at fire scenes. All essential tasks have been developed according to the standards outlined by the department's job demand analysis and bona fide occupational requirements [BFOR].

This comprehensive project was the creation of a technical committee representing ten major North American fire services. Members of the committee included fire chiefs, union representatives, firefighters, physicians, physiologists, fitness coordinators and legal counsel.

CPAT is a sequential, circuit-type test lasting a maximum of 10 minutes, 20 seconds. Candidates are asked to perform eight (8) physical tasks while wearing, at the minimum, a 50-lb. vest. (*Candidates will be required to carry an additional 25-lbs. during the stair-climb event*).

The tasks involve:

- Event #1: Stair climb carrying a total of 75 lbs. in weight (3 minutes)
- Event #2: Hose Drag
- Event #3: Equipment Carry
- Event #4: Ladder Raise and Extension
- Event #5: Forcible Entry
- Event #6: Search through a darkened maze
- Event #7: Rescue dragging a 165-lb. mannequin
- Event #8: Ceiling Breach and Pull

Research findings indicate that CPAT elicits a maximum or near maximum heart rate in all participants. These values are attained as early as two minutes into the test. CPAT also has an anaerobic component. Blood lactates are elevated at completion.

Experience shows that familiarity with the actual test increases the candidate's success rate. The Fire Department orientates potential candidates through information shared on the department's web site, CPAT orientation/preparation guides and hands-on orientation.

To minimize the health risk, candidates are required to consult with a medical professional to ascertain an opinion on their ability to partake in CPAT testing.

The candidate has been instructed to complete a Physical Activity Readiness Questionnaire [PAR-Q] (Form 1A) and produce this form at their appointment with you. The PAR-Q form will allow you to consider if this candidate is healthy enough to execute the CPAT. Should you have any concerns pertaining to this candidate's ability to be CPAT tested, please confer with Medisys Health Group at 1-800-681-2400, or by e-mail [info@medisys.ca](mailto:info@medisys.ca) or fax (604) 681-2410.

After your assessment, please return the completed forms (1A and 1B) to the candidate. Costs related to the completion of these forms will be the sole responsibility of the candidate. Candidates will not be granted clearance to participate in CPAT without receiving your medical authorization.

For further information regarding the Candidate Physical Ability Test [CPAT], please:

- Visit the City of Abbotsford Fire Service web site at: [www.abbotsford.ca](http://www.abbotsford.ca)
- Visit the International Association of Firefighters web site at [www.iaff.org](http://www.iaff.org)
- Contact Deputy Fire Chief Ron Hull at 604-853-3566
- Contact Fire Fighter Brent Newman at 604-853-3566

Thank you for your help and co-operation.



# CANDIDATE PHYSICAL ABILITY TEST



## Form 1A

### PHYSICAL ACTIVITY READINESS QUESTIONNAIRE [PAR-Q]

The questionnaire must be completed prior to presenting yourself to a physician for a medical clearance. **You will not be authorized to participate in CPAT without the completion and presentation of forms 1A and 1B.**

Common sense is your best guide when you answer these questions. Please read the following questions carefully and answer each one honestly by checking only one of the appropriate boxes.

YES    NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have a heart condition and recommended only medical approved physical activity?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have chest pain brought on by physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you developed chest pain at rest in the past month?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose consciousness or balance as a result of dizziness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a joint or bone problem that could be aggravated by physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing medication for your blood pressure or heart condition?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or have you been pregnant within the last six (6) months?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval? |

I have read, understood and completed this questionnaire.

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Candidate Name (Print in Full)

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Candidate Signature

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Date



# CANDIDATE PHYSICAL ABILITY TEST



## Form 1B

### MEDICAL OPINION - CLEARANCE

In your professional opinion, do you consider this candidate to be healthy enough to take the CPAT test?

YES

NO

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S RESTING HEART RATE \_\_\_\_\_

APPLICANT'S RESTING BLOOD PRESSURE \_\_\_\_\_

COMMENTS:

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PHYSICIAN'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

CLINIC NAME, ADDRESS AND PHONE NUMBER \_\_\_\_\_

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**Please return the completed form to the fire fighter applicant.**

*Please note: the applicant must present this authorization at their CPAT test; they will NOT be cleared for testing without it. Any costs incurred in your examination of this individual or the completion of this form are the sole responsibility of the applicant.*