



## Firefighter Medical Evaluation

Dear Physician:

The patient who has presented you with these forms is currently seeking employment as a Fire Captain or Firefighter with the Town of Chestermere. The purpose of this evaluation is to ensure that the applicant is medically fit to undertake the tasks associated with these physically demanding jobs.

To test a firefighter applicant's level of fitness a test known as the Candidate Physical Ability Test (CPAT) was developed by a committee of ten major North American fire departments. This test is judged to require the participant to demonstrate essential emergency response tasks which constitute bona fide occupational requirements for the position they are applying for.

The test involves the following tasks done in series over a maximum of 10 minutes and 20 seconds. All test elements are completed while wearing a 50 lb weighted vest:

1. Stair Climb – 3 minutes with additional 25lb weight
2. Hose Drag – 100 feet
3. Equipment Carry – lift 2-35 lb objects and carry 75 feet
4. Ladder Raise and Extension – 24' ladder
5. Forcible Entry – swinging 10 lb sledgehammer
6. Search by Feel – dark confined space 64' long with obstacles
7. Rescue Mannequin Drag - 165 lbs for 70 feet
8. Ceiling Breach – overhead repeated push and pull

Experience has demonstrated that this type of activity elicits a near maximum heart rate in all participants and causes elevated blood lactate levels as anaerobic effort is undertaken. To ensure applicants are medically fit to safely undertake such activities, candidates are required to consult with a physician and obtain an opinion on their fitness to participate.

Please consider all relevant information in assessing his or her fitness to participate in activities to the above stated level of effort. Please record the conclusion of your assessment on the attached 'Medical Clearance' form and return the completed form to the applicant.

The costs related to the completion of this form are the sole responsibility of the applicant.

Thank you for your time,

Town of Chestermere





# CHESTERMERE

## MEDICAL CLEARANCE

Applicant's name: \_\_\_\_\_

After examination of this applicant, in your professional opinion do you consider them to be fit to take part in the physical testing described in the attached letter? (Please check yes or no)

YES

NO

Comments:

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Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician Name's (Print): \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Stamp:

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**Applicant – Please sign and submit at the stage requested.**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

