

Dear Physician:

The individual who has made this appointment with you has applied for employment as a Structural Firefighter. As a pre-requisite, all applicants must demonstrate a minimum level of physical ability and fitness. This is to be accomplished by successfully completing the York University Firefighter Fitness Assessment.

The test is designed to simulate and measure a Firefighter's physical ability to respond to a critical incident and successfully complete seven job-related performance tasks. The test was developed by exercise physiologists and is based on their research findings. Their research has identified required aerobic fitness levels, as well as seven job-related performance tests which require muscular strength, muscular endurance, flexibility and anaerobic fitness. The test is conducted in a gymnasium, stairwell and laboratory and consists of running a maximal treadmill test (aerobic assessment), running 6 floors up and down stairs carrying 125lbs, climbing ladders, pulling heavy loads (50 to 385 lbs.), lifting overhead (55lbs), and swinging a 10lbs hammer. All tasks are generally performed at a maximal effort.

Participants will **experience maximal heart rate** during the test. This indicates a brief but maximal stress being placed on the cardiovascular system. To minimize the chance of precipitating a major cardiovascular event, or other injury we are requesting that this person be examined to determine his/her employment and test risk potential.

In addition to your usual examination, we request your assessment of this person with respect to factors which may place him/her at risk during this **maximal test** or **future** firefighter related duties:

1. Hypertension with possible causative factors;
2. Diabetes Mellitus;
3. Persons with known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, dizziness;
4. Individuals with low fitness levels;
5. Acute systemic infections including viral respiratory infections;
6. Muscular and/or skeletal problems which may affect physical performance or present long term limitations on the person;
7. Any other areas of concern: _____

To minimize the health risk, we are requesting this medical examination to determine whether the applicant is healthy enough to undertake the York University Firefighter Fitness Assessment (York Certificate).

Firefighter Medical Clearance Form

Applicant Name (please print): _____

Ht: _____ Wt: _____ Resting BP: _____ Resting HR: _____

In your professional opinion, do you consider the above named applicant to be healthy enough to take the York University Firefighter Fitness Assessment? YES NO

Considering the fact that an applicant's typical response prior to maximal testing may include fear and anxiousness due to anticipation:

Does the above stated applicant remain safe to perform the York University Firefighter Fitness Assessment if resting blood pressure and/or resting heart rate values exceed 160/90 mmHg or 100 bpm, and all signs of chest, arm, neck and jaw pain, light headedness, fainting, and shortness of breath are absent? YES NO

Comments:

Physician's Name (please print): _____

Physician's Signature: _____ Date: _____

Please give completed form back to applicant

***Note: This medical clearance form is valid for a maximum of 6 months from the date of completion and becomes invalid if your health status/condition changes.**

Note to Applicant:

Be sure to bring this completed form with you to your test. You will NOT be able to run the test without it.

University of Regina – Centre for Health, Wellness & Performance (CHWP)
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