

PHYSICIAN'S RECOMMENDATION FORM

Name of Participant: _____

Date: _____

Dear Physician:

The purpose of this communication is to inform you of the Gainesville Fire Departments Physical Ability testing requirements. We are aware that strenuous physical activity may be inadvisable for some individuals. As such, we are requesting that you indicate whether the above-named participant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the participant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability of testing.

The testing program and the Candidates Physical Abilities Testing Academy will consist of physical abilities tasks and exercises conducted at the Alachua County Fairground. The battery of job related tasks are intended to be completed within a designated time frame and will require maximum effort by the participant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skill and aerobic power. Tasks will include the following series of test that must be completed in 10 minutes and 20 seconds:

1. Using the stair stepper, the task simulates going up 12 flights of stairs in 3 minutes. Dragging 250 feet of hose a distance of 75 feet.
2. Removing saws weighing approximately 10 pounds each from a 4-5' tall tool cabinet, and carrying both saws 75 feet.
3. Raising a 24' aluminum extension ladder, then pulling the extension up.
4. Simulating hitting a door with a sledge hammer weighing approximately 10 pounds
5. Crawling through a tunnel-like structure, crawling over and going under obstacles.
6. Dragging a 165-pound mannequin 35 feet.
7. Using a 6 foot long pole, pushing a 60 pound hinged door up and down 3 times, then pulling down on a 80 pound door five times, repeating both sets four times.
8. The primary goal of this testing is to determine whether the participant is capable of performing minimum physical fitness standards appropriate to firefighting.

Gainesville Fire Rescue Selection Process Waiver Form

I have examined _____ and his/her medical history, and based upon my evaluation, I recommend that (select one):

- Participation is not advisable at this time. (If you advise against participation, please do not disclose the participant's medical condition on this form.)
- No medical condition or disorder exists which precludes this applicant from participation in the physical abilities test as described.

Signature of Physician: _____

Date: _____

Physician's Printed Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____

Please bring this form with YOU to the physical abilities component of the selection process.