



## **CANDIDATE PHYSICAL ABILITY TEST (CPAT) MEDICAL CLEARANCE REQUEST**

Dear Doctor:

The client who has made an appointment with you is currently applying to participate in a Candidate Physical Ability Test at the GTAA Fire and Emergency Services Training Institute. Applicants must demonstrate a minimal level of physical fitness required of entry-level firefighters.

CPAT was developed to allow the Fire Department to obtain a pool of qualified candidates physically able to perform essential tasks at fire scenes.

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 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

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 FESTI'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 if they answer "Yes" to any questions on the Physical Activity Readiness Questionnaire (PAR-Q, Form 1A).

The candidate has been instructed to complete a 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 contact the CPAT Co- Coordinator, Capt. Rob Lenders at 416 -776 - 4135.

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 medical authorization.

For further information regarding the Candidate Physical Ability Test (CPAT), see [www.gtaa.com/festi](http://www.gtaa.com/festi)



## FORM 1A



### CANDIDATE PHYSICAL ABILITY TEST (CPAT) PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

This questionnaire must be completed prior to participating in the Time Trials or CPAT Test.

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. If you answer "Yes" to any questions below, you must consult a physician for clearance using the "Medical Opinion Clearance (Form 1B)

#### YES NO

- ☐ ☐ Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?
- ☐ ☐ Do you have chest pain brought on by physical activity?
- ☐ ☐ Have you developed chest pain at rest in the past month?
- ☐ ☐ Do you lose consciousness or balance a result of dizziness?
- ☐ ☐ Do you have a joint or bone problem that could be aggravated by prescribed activity?
- ☐ ☐ Is your doctor currently prescribing medication for your blood pressure or heart condition?
- ☐ ☐ Are you or have you been pregnant within the last six (6) months?
- ☐ ☐ Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval?
- ☐ ☐ Do you have blood pressure greater than or equal to **145/95**?

I acknowledge that all questions are answered accurately and to the best of my abilities and thereby release and hold harmless the GTAA and all of its directors, successors and assigns from and against all claims, demands, losses, damages or injuries arising out of, related to, or occasioned by, the Activity and any activities of whatsoever nature incidental thereto.

I have read, understood and agree with the terms and conditions in this document.

Dated at

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
City Province

\_\_\_\_\_  
Full Name (Please Print)

\_\_\_\_\_  
Signature of Participant



## FORM 1B

### CANDIDATE PHYSICAL ABILITY TEST (CPAT) 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 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PHYSICIAN'S NAME \_\_\_\_\_

CLINIC NAME \_\_\_\_\_

CLINIC ADDRESS \_\_\_\_\_

CLINIC PHONE NUMBER \_\_\_\_\_

**Please return the completed form to the firefighter applicant.**

Please note: The applicant must present this medical clearance at their CPAT test if they answer YES to any of the Questions on the PAR-Q (Form 1A). The member will not be cleared without it. Any costs incurred in your examination of this individual or the completion of this form is the sole responsibility of the applicant.