Work Capacity Test: Informed Consent

Risks

There is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death. If you have been inactive and have not practiced or trained for the test, you should engage in several weeks of specific training before you take the test. Be certain to warm up and stretch before taking the test and to cool down after the test. By completing the Health Screening Questionnaire and/or a physical exam, the potential risk of serious consequences is reduced.

I have read the information on this form and in the brochure “Work Capacity Test,” understood and truthfully answered the Health Screening Questionnaire (if applicable), and understand the purpose, instructions, and risks of the job related to the work capacity test.

Test to be taken (check one):

- Pack Test
- Field Test
- Walk Test

Signature: ___________________________________ Date: _______________________

Printed Name: __________________________________________________________________

Unit: ________________________ City: ___________________ State: ____________

Privacy Statement

The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland firefighting can carry out those duties in a manner that will not place the candidate unduly at risk due to inadequate fitness and health. Its collection and use are covered under Privacy Act System of Records OPM/Govt-10 and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

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