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# FIREFIGHTER 1 ACADEMY PHYSICAL AGILITY TEST & FIT TEST PHYSICIAN'S RELEASE

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1. Physical Agility Test Requirements

- a. From the starting line candidate will be required to pull a 50' length of 2.5" hose, which is folded in half and coupled to itself, 200' to the designated drop point. (Hose roll weight: 32 pounds)
- b. Candidate will then proceed to the next station where he/she will climb 5 short flights (8 steps per flight) of stairs to a platform.
- c. Candidate will then raise and lower a 25-pound weight, attached to a rope, hand over hand up over the handrail touch the floor and then back over the handrail and hand over hand down to the ground.
- d. Candidate will then climb back down stairs where he/she will pick up a 50' roll of 2.5" hose which will be carried over the shoulder up 8 short flights (8 steps per flight) of stairs and back down.
- e. Candidate will then place the 50' roll at the bottom of the stairs and proceed to move four 50' rolls of 2.5" hose 25' in one direction, and then return each roll back in the opposite direction. (1 hose weight: 32 pounds)
- f. Candidate will then drag the 50' section of 2.5" hose back to the finish line. Time stops when the end of the hose crosses the designated finish line.

2. Wildland Academy Activities:

Student activities involve field work requiring physical performance calling for above-average ability, endurance, and superior condition, including occasional demand for extraordinarily strenuous activities in emergencies, under adverse environmental conditions, and over extended periods of time; requires running, walking, difficult climbing, jumping, twisting, bending, and lifting over 25 pounds; pace of work is typically set by the emergency situation.

3. Fit Test:

Self-contained breathing apparatus will be worn in hazardous conditions while performing arduous physical work. A fit test will be conducted to ensure correct fit.

**Student Name:** \_\_\_\_\_

The above-named student is physically fit to participate in the above described test, and I have authorized him/her to participate in the test.

\_\_\_\_\_  
**Typed/Printed Name of Physician**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number