



Arduous Work Capacity Test (WCT) Health Screening Questionnaire



Candidates and employees are required to answer the following questions truthfully in order to identify those may be at risk of harm from taking the WCT. The HSQ is not a medical examination, nor meant to provide medical advice. A “Yes” answer to any question may mean that you are at a higher risk for medical problems. Prior to participating in the WCT you will be required to present a determination from your personal physician stating that you are able to participate.

Check ‘Yes’ or ‘No’ in response to the following questions:

- YES NO During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest?
- YES NO During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout?
- YES NO Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?
- YES NO Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?
- YES NO Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant?
- YES NO Do you have a resting pulse greater than 100 beats per minute?
- YES NO Do you have any arthritis, back trouble, hip /knee/joint /pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test?
- YES NO Do you have personal experience or doctor’s advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?
- YES NO Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia?
- YES NO Are you over the age of 40 and unaccustomed to vigorous exercise?
- YES NO Do you know of any other medical or physical reasons you should not take the Work Capacity Test?
- YES NO Do you have any allergies we should know about in case of an emergency?
If yes, please explain: _____
- YES NO Do you have any medical alerts/history we should know about in case of an emergency?
If yes, please explain: _____
- YES NO Do you have any other comments (include any special medical or personal information you would want an emergency care provider to know – or special emergency contact information)?
Please explain: _____

ACKNOWLEDGEMENT (Initial by each statement, and sign below)

<input type="checkbox"/> The information on this HSQ above, is both correct and complete, and that providing false or misleading information will result in immediate dismissal.
<input type="checkbox"/> I acknowledge that the HSQ is not a medical examination, nor meant to provide medical advice.
<input type="checkbox"/> I understand that any concerns should be reviewed with my personal physician prior to taking the Arduous WCT.
<input type="checkbox"/> I understand that I must meet and maintain the fitness requirement at all times..
<input type="checkbox"/> I understand that I must submit to and pass the “Arduous Work Capacity Test” prior to, and as a condition of employment.

Employee/Candidate Signature:	Employee/Candidate Printed Name:	Date:
RE-VERIFICATION: I acknowledge that the information on this Health Screening Questionnaire (HSQ) above, is both correct and complete, and has at no period of time since originally signed changed.		
Initials: Date:	Initials: Date:	Initials: Date:
Initials: Date:	Initials: Date:	Initials: Date:



Arduous Work Capacity Test (WCT) Informed Consent & Emergency Contact



The Arduous Work Capacity Test is a 3-mile hike with a 45-lb pack over level terrain in 45 minutes. Field studies show that performance on the Arduous Work Capacity Test is significantly related to performance of firefighting tasks, including line construction with hand tools. Studies indicate that the energy cost of the test is similar to the cost of firefighting tasks. A score of 45 minutes on the Arduous Work Capacity Test approximates a Step Test Score of 45 (ml/kg-min). Because of its length, the Work Capacity Test is an excellent indicator of sustained work capacity. Scores on a flat course are highly related to performance on a hilly course, and performance on the Work Capacity Test is significantly related to muscular fitness, including measures of upper and lower body strength.

YES NO I understand that is risk of injury (blisters, sore legs, sprained ankles) especially for those who have not practiced the test. To reduce risk of more serious consequences (such as respiratory or heart problems), you should engage in several weeks of specific training before you take the test.

YES NO **I understand that providing false or misleading information on the HSQ Form will result in immediate dismissal. I have read, understood, and truthfully answered the HSQ.**

YES NO I understand that I am responsible for informing persons if I have a medical condition that may require immediate first aid or medical care. It is my decision and responsibility to inform others if I believe it necessary for my health and safety.

YES NO **(Candidates Only)** I have voluntarily provided the below contact information and authorize the Idaho Military Division and its representatives to contact any of the above on my behalf in the event of an emergency.

Name: _____ Phone#: (_____) _____ - _____

Relationship: _____

YES NO I believe I have the ability to complete the test and carry out the assigned duties of the position (e.g., wildland firefighter).

YES NO I have read the information on this form, the brochure “Work Capacity Test” and understand the purpose, instructions, and risks of the job related to work capacity test.

ACKNOWLEDGEMENT (Initial by each statement, and sign below)

____ The information on this Informed Consent, is both correct and complete, and that providing false or misleading information will result in immediate dismissal.

____ I acknowledge that the HSQ is not a medical examination, nor meant to provide medical advice.

____ I understand that any concerns should be reviewed with my personal physician prior to taking the Arduous WCT.

____ I understand that I must meet and maintain the fitness requirement at all times.

____ I understand that I must submit to and pass the “Arduous Work Capacity Test” prior to, and as a condition of employment.

Employee/Candidate Signature:	Employee/Candidate Printed Name:	Date:
RE-VERIFICATION: I acknowledge that the information on this Informed Consent, is both correct and complete, and has at no period of time since originally signed changed.		
Initials:	Date:	Initials:
Initials:	Date:	Initials:



Arduous Work Capacity Test (WCT) Release and Hold Harmless Agreement



(Candidate Only: Does not apply to employees)

The Idaho Military Division, in full agreement with and in consideration of the following promises, does hereby grant, permit and give license to (print name) _____, an candidate, for the purpose of employment as firefighter, to perform and/or participate in the following activity:

To participate in an employment job interview process. The process will include an “Arduous Work Capacity Test” requiring the employee/candidate to participate in a walk 3- miles long, while carrying a 45-pound backpack, which must be completed within a 45-minute time limit in order to meet employment standards. Safety is paramount.

The Individual (“Job candidate,”) certifies that they are at least 18-years old and does hereby agree as follows:

- YES NO To release forever the United States, the State of Idaho, their agencies, officers, agents and employees from every liability arising out of the activity without regard to whether the activity is performed properly.
- YES NO To hold the United States, The State of Idaho, their agencies, officers, agents, and employees harmless for any consequences of the activity rendered pursuant to this agreement without regard to whether the activity is performed properly.
- YES NO To indemnify the United States, the State of Idaho, Their agencies, officers, agents, and employees for any cost incurred as a result of claims or civil actions brought by any third person as a result of the activity requested and to pay all cost of settlement or litigation.
- YES NO To file no claim for administrative settlement with any Federal or State agency, nor institute any type of action or suit for money damages in any court of the United States for injury to or loss of property, or for personal injury or death, caused by an act or omission of any officer, agent or employee of the United States or Idaho committed while such officer, agent or employee is engaged in performing the activity pursuant to this agreement.
- YES NO This release and hold harmless agreement shall also bind the heirs, successors and assigns of the participant and shall be fully enforceable against them.
- YES NO I Understand that the interview and Arduous Work Capacity Test are evaluation processes and that participation does not assure an offer of employment.

ACKNOWLEDGEMENT (Initial by each statement, and sign below)

____ NOTICE: Job candidate specifically assumes sole, full, and complete liability for any and all personal injury, the loss or injury to self, and all other private, personal property during this activity.

____ NOTICE: Job candidate is on express notice that accidental injury or death that may occur while participating in authorized pre-employment physical assessments may **NOT** be covered by private life and/or health insurance. Benefits are based on the terms of existing personal insurance policies and job candidates are advised to consult and review their personal insurance policies prior to participating in the pre-employment evaluation process.

Candidate Signature:	Candidate Printed Name:	Date:
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