



For CPAT Staff ONLY:

PASS _____
FAIL _____
NO SHOW _____

Candidate # _____

CANDIATE PHYSICAL ABILITY TEST SIGN IN SHEET

LAST NAME: _____ FIRST NAME: _____ MI: _____
(PRINT PLEASE)

STREET ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____ ZIP CODE/POSTAL CODE: _____

TELEPHONE: _____ SSN/SIN#: _____

DRIVER'S LICENCE#: _____ DATE OF BIRTH: _____

ETHNICITY: American Indian/Alaska Native Asian Black or African American
 Hispanic or Latino (of any race) Native Hawaiian or Pacific Islander
 White Two or More Races

GENDER: Female Male

REASON FOR TAKING THE TEST: Job Fire School Recertifying

IN CASE OF AN EMERGENCY, I AUTHORIZE YOU TO CONTACT:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

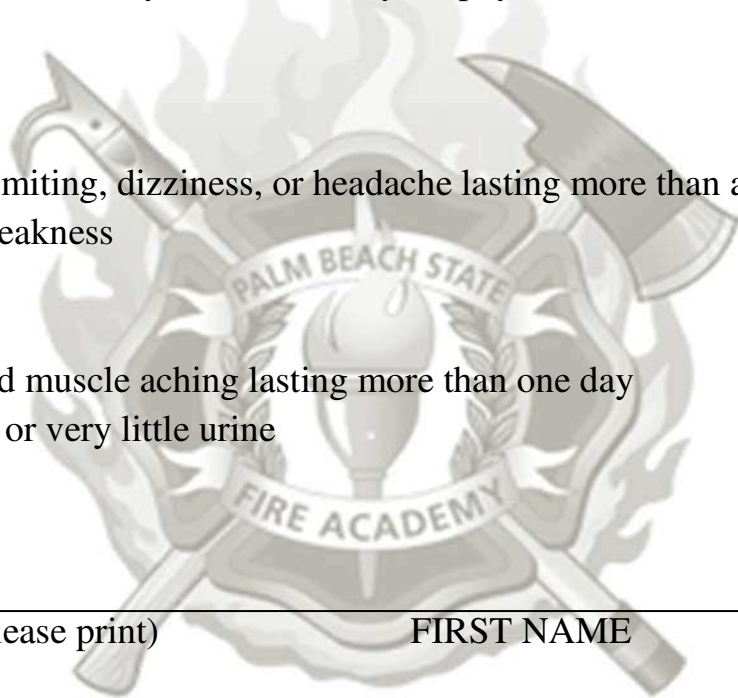
SIGNATURE: _____ DATE: _____

CANDIDATE PHYSICAL ABILITY TEST

REHABILITATION FORM

It is normal to feel tired after the performance test. There are some signs that may mean that the exertion is causing more serious problems. If any of the following signs or symptoms occurs, you should call your physician or the local Emergency Services.

- ❖ Nausea, vomiting, dizziness, or headache lasting more than a few hours
- ❖ Extreme weakness
- ❖ Fever
- ❖ Confusion
- ❖ Generalized muscle aching lasting more than one day
- ❖ Dark urine or very little urine



LAST NAME (please print)

FIRST NAME

MI

SIGNATURE

DATE

SOCIAL SECURITY / INSURANCE NUMBER

TIME IN: _____

TIME OUT: _____

Name _____ Date _____

	Baseline	Initial	5 Minute	10 Minute	15 Minute
Time:					
Pulse Rate					
O ₂ Sat					
Respirations					
B/P					

Disposition: Released Called 911

Patient Information: (Required if 911 called)

Address _____ City _____

Phone _____ Allergies _____

Meds _____

History _____

Last meal _____

Narrative: SOAP (Required if 911 called)

Candidate Physical Ability Test Practice/Instruction Waiver

Candidate's Name (Please print)

Social Security Number

Emergency Contact Name (Please print)

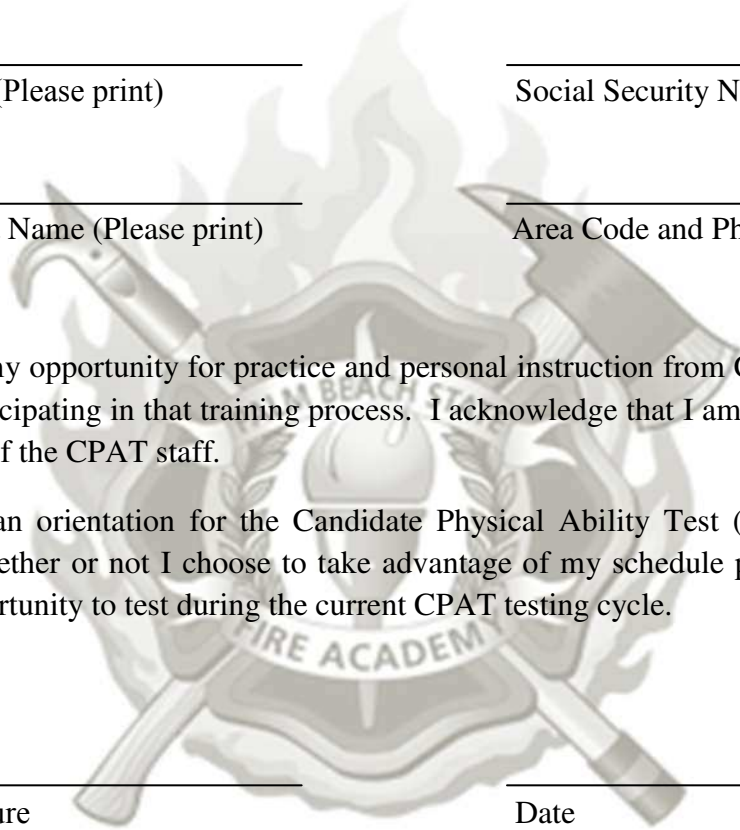
Area Code and Phone Number

I, hereby, decline my opportunity for practice and personal instruction from CPAT staff, and opt to test without participating in that training process. I acknowledge that I am choosing to do this against the advice of the CPAT staff.

I have completed an orientation for the Candidate Physical Ability Test (CPAT) and I fully understand that whether or not I choose to take advantage of my schedule practice time, I will have only one opportunity to test during the current CPAT testing cycle.

Candidate's Signature

Date



Candidate Physical Ability Test Medical Waiver

Candidate's Name (Please print)

Social Security Number

Emergency Contact Name (Please print)

Area Code and Phone Number

I have completed an orientation for the Candidate Physical Ability Test (CPAT). During the orientation, I read the CPAT pamphlet and viewed the CPAT video which describe and demonstrate the eight (8) events that make up the Candidate Physical Ability Test. I was advised to get a good night's sleep, eat a balanced meal, be well hydrated, stretch my muscles and check with a Doctor before attempting this physically challenging test, whether for practice or for an official time.

To the best of my knowledge, I have no pre-existing medical condition(s) that would prevent me from performing the strenuous physical tasks of the CPAT. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Candidate Physical Ability Test. I voluntarily participate as part of my application for employment or entrance into the Palm Beach State College Fire Academy Program.

Candidate's Signature

Date