



Examinee's Name (Last, First, Middle)	Date of Birth (M/D/YYYY)	Social Security Number *
Street Address	Phone Number	Driver's License Number
City, State, Zip	Email	

**Note to the examining physician/physician's assistant:** *Your medical exam will attest that the examinee is physically capable of performing the following exercises that are required to be performed during the Oakland Physical Agility fitness examination.*

1. Climb a 75-foot aerial ladder (candidate is safety belayed). Or candidate will climb 6 flights of stairs to the 5th floor of a tower. This is not a timed event. The candidate has to maintain progress at all times – no stopping to rest, etc.
2. Candidate will remove safety harness. Candidate will be directed to the start line and asked if ready. When candidate states he/she is ready, the candidate will be told to begin and time starts.
3. Walk 85 feet to a fire engine and remove 2 saws from a compartment, carry them 70 feet around an obstacle and return them to the ground by the truck, then lift them one by one safely back into the compartment. Saws cannot be dropped.
4. Walk 85 feet to a 1¾ fire hose hand line uncharged, take the nozzle 70 feet, kneel in a pre-marked area and pull the fire hose hand over hand until the first coupling is in the same pre-marked area.
5. Walk 85 feet to a 24-foot secured extension ladder and raise it hand over hand up against a building. The candidate will then step 2 feet to his/her left, extend a 24-foot ladder until it stops, and then lower it hand over hand. The candidate has to be in control of the ladder at all times and done safely or be disqualified.
6. Walk 85 feet, pick up a sledge hammer and strike the forcible entry prop. (This is a device that has the tension already set. It is the same for all candidates. It requires a set amount of force to move in and ring the buzzer). There is no set number of strikes; it is totally dependent on the amount of force the candidate uses.
7. Walk 85 feet, pick up a 50-foot length of 2½ uncharged bundled hose, and climb 3 flights of stairs safely while maintaining constant contact with the stairway hand rail. The hose cannot be dropped.
8. On the 3rd floor, drop the hose and then move a 150 lb dummy 70 feet (35 feet around a cone and back 35 feet to the starting line).
9. Walk 85 feet, enter a darkened tunnel, and crawl 70 feet.
10. Walk 85 feet to a push/pull prop (this will simulate pulling ceiling). The candidate will pick up a pike pole, push a weighted hinge door 5 times, and then pull a weighted hook 5 times. That will be 1 cycle; the candidate will have to complete a set of 3 cycles. Set pike pole on ground or against wall. The pike pole cannot be dropped or the candidate is disqualified.
11. Walk to 2½ hose that was left at the door of the 3rd floor, pick it up, and proceed down stairs to the start/finish line. Time is stopped once the start/finish line is crossed.
12. The pass/fail for the timed portion of the test is set at 10 minutes.

All candidates will be given the chance to walk the course prior to the test and any questions will be answered at that time. We will not start until ALL candidates are ready to begin. There will be only one candidate on the course at a time. (To expedite time if needed, we will reserve the right to start another candidate only after the 1st has passed a certain event so there will be no chance of 2 candidate's occupying the same area.)

Each candidate will be timed by two proctors with independent stop watches that are started at the same time. One proctor will walk with the candidate and read a standard set of directions for each task while the other remains at the start/finish line.

**Note to the examining physician/physician's assistant:** *You must sign below and provide the required information for this form to be valid.* This health screening is valid for a period of 180 days from the date of the medical screening.

My health screen of the above identified person reveals **no apparent reason** why this examinee cannot safely participate in the physical agility fitness examination described above.

Physician/Physician's Assistant Name (Printed)	Phone Number	Medical License Number
Address (Street, City, State, Zip)		
Signature	Date	

**Examinee:** You must bring this **ORIGINAL** form with you, signed and completely filled out by your physician/physician's assistant, when you come to take the pre-enrollment physical fitness examination at the authorized test site.

**A MEDICAL PHYSICAL SCREENING CONDUCTED BY OTHER THAN A PHYSICIAN OR A PHYSICIAN'S ASSISTANT IS NOT ACCEPTABLE. FAILURE TO FOLLOW THIS PROCEDURE AND/OR OBTAIN THE APPROPRIATE SIGNATURES WILL PREVENT YOU FROM PARTICIPATING IN THE OAKLAND PHYSICAL AGILITY FITNESS EXAMINATION.**

Examinee's Signature	Date
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\* This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

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☐ \$100 Fee Paid

Initials \_\_\_\_\_