

INSTRUCTIONS FOR WORK CAPACITY TEST

Employees required to pass the Work Capacity Test for their qualifications within the PMS 310-1 should follow these instructions:

1. Determine which Work Capacity Test (Arduous, Moderate, Light) your position requires. Contact your training administrator as necessary.
2. Complete the *Health Screen Questionnaire* to determine your physical ability to complete the test and carry out the assigned duties of the position.
3. If you answer YES to any of the questions on the *Health Screen Questionnaire* or if you are over 40 years of age and unaccustomed to vigorous exercise, you should contact your physician, by phone or in person, before you take the test.
 - a. Prior to the scheduled Work Capacity Test, provide your Area Human Resource Contact with the Completed and Signed *Informed Consent*.
4. If you cannot take the Work Capacity Test that is required for your position, contact the Human Resource Department.

Human Resource Representatives should follow these instructions:

1. Collect employee forms as noted below.
2. You may serve as the "Witness" for the employee if requested.
3. Provide the Work Capacity Test Administrator with a list of employees with all approved documents.
4. Contact Human Resources Department with any questions which are medical in nature.
5. File all forms in a Confidential Medical file, in a locked cabinet, separate from the Personnel file.

Test Administrators should follow these instructions:

1. Follow procedures in FMH 832.
2. Do NOT accept forms directly from the employee. They MUST go to the Human Resource Representative at your office.

HEALTH SCREEN QUESTIONNAIRE

The purpose of this questionnaire is to identify individuals who may be at risk in taking the Work Capacity Test.

Prior to taking the Work Capacity Test, employees are required to answer the following questions. The questionnaire is for the employee's use and is designed to help the employee identify the risks associated with taking the Work Capacity Test. The information on this Health Screen Questionnaire is considered confidential and must be kept confidential as per the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Yes	No	1. 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	2. During the past 12 months, have you experienced difficulty breathing or shortness of breath?
Yes	No	3. Are you currently under a doctor's care for a heart or lung related condition?
Yes	No	4. Have you ever been diagnosed with, and are you currently being treated for, high blood pressure?
Yes	No	5. Have you ever been diagnosed with, and are you currently being treated for, high cholesterol levels?
Yes	No	6. Do you have a resting pulse greater than 100 beats per minute?
Yes	No	7. Do you have a bone or joint condition that could be made worse by a change in your physical activity?
Yes	No	8. Do you have asthma, diabetes, or epilepsy?
Yes	No	9. Do you know of any other medical or physical reasons you should not take the Work Capacity Test?

A **"Yes"** answer to one or more of the above questions may mean that you are at a higher potential risk for medical problems from taking the Work Capacity Test.

I understand that this questionnaire is for my personal information only. The answers provided and the results of those answers are known only to me and are for the sole purpose of making a self-informed decision on taking the Work Capacity Test. A decision to take the Work Capacity Test is based on my own knowledge and/or advice from my medical provider.

INFORMED CONSENT

Arduous Work Capacity Test: Intended for those involved in arduous duties (defined as requiring a max VO₂ of 45, lifting more than 50 pounds and occasional demand for extraordinarily strenuous activities). The 3-mile test with a 45-pound pack in 45 minutes is strenuous, but no more so than the duties of wildland firefighting.

Moderate Work Capacity Test: Intended for those with moderately strenuous duties (requires a max VO₂ of 40, lifting 25 to 50 pounds, and occasional demand for moderately strenuous activity). The 2-mile test with a 25-pound pack in 30 minutes is fairly strenuous, but no more so than field duties.

Light Work Capacity Test: Intended for those whose duties involve light work with occasional field activity (required max VO₂ of 35). The 1-mile walk in 16 minutes is moderately strenuous, but no more so than the duties assigned.

Risks:

- There is a slight risk of injury (blisters, sore legs, sprained ankle) for those who have not practiced the test. 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. The risk of more serious consequences (e.g., respiratory or heart problems) is diminished by completing the Health Screen Questionnaire.
- If you cannot answer **NO** to all the questions in the Health Screen Questionnaire, or if you are **over 40 years of age and** unaccustomed to vigorous exercise, you should contact your physician, by phone or in person, before you take the test. Provide your physician with the Health Screen Questionnaire form, information about the Work Capacity Test, and demands of the job.

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1. I have read the information on this form and understand the purpose, instructions, and risks of the job-related Work Capacity Test.
 2. I have read, understood, and truthfully answered the Health Screen Questionnaire.
 3. I believe I have the ability to complete the test and carry out the assigned duties of the position (e.g., wildland firefighter).

Work Capacity Test (circle) _____ Arduous _____ Moderate _____ Light _____

Signature _____ Date _____

Print Name _____

Witness _____

This form MUST be returned to your Human Resource Representative.