



## City of West Palm Beach Fire Department

### MEDICAL/PHYSICIAN CLEARANCE FORM

APPLICANT NAME \_\_\_\_\_

Dear Physician:

The purpose of this communication is to inform you of the above-named individual's intentions regarding participation in the pre-employment physical abilities and swim test for our agency. We are aware that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above-named applicant has any medical condition or disorder that would preclude participation. We emphasize that we are not asking you to assume responsibility for the applicant while participating in this test. We merely want to have as much information as possible when making decisions concerning applicability of testing.

This swim test program will consist of a series of swimming proficiency evaluations. The three events are: surface dive and recover 5-pound object from bottom of pool; 50-yard non-stop swim with pants on; and tread water for 5 minutes.

The Physical Ability Test (PAT) evaluates an applicant's fitness, strength, and capability to meet the realistic physical demands of being a firefighter. Wearing a 50-pound weighted vest and helmet, candidates will engage in a series of exercises that replicate essential firefighter functions. These exercises include forcible entry, hose dragging, victim rescue, and hoisting and carrying equipment, all performed in a timed sequence to accurately assess their readiness for the demands of the job.

Ultimately, the primary goal of this testing is to determine whether the applicant can perform minimum standards.

### PHYSICIAN'S STATEMENT

I have examined this applicant and his/her medical history and based upon my evaluation recommend that:

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Participation is **NOT** advisable at this time. (If you advise against participation, please do not disclose the applicant's medical condition on this form)

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With a reasonable degree of probability, no medical condition or disorder exists which precludes this applicant from participating in the physical abilities tests as described

\_\_\_\_\_  
Printed/Stamped Name of Physician

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

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

\_\_\_\_\_  
Date

**500 North Dixie Hwy West Palm Beach, FL 33401**  
**561.804.4700**