



Gainesville Fire Rescue

Physician's Recommendation Form

Name of participant: _____

Dear Physician:

The purpose of this communication is to inform you of Gainesville Fire Rescue's Physical Ability testing requirements. We are aware that strenuous physical activity may be inadvisable for some individuals. As such, we are requesting that you indicate whether the above-named participant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the participant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability of testing.

The testing program will consist of a series of physical abilities tasks conducted either at a fire station or at a city park. The battery of job-related field tasks are intended to be completed in the fastest possible time and will require maximum effort by the participant. The fitness challenge will consist of five events designed to assess strength, muscular endurance, anaerobic work capacity, agility, grip strength, and aerobic endurance. Participants will perform deadlifts with a 195-pound load for one minute, push-ups for two minutes, a timed sprint-drag-carry event, a timed plank hold, and a timed 1.5-mile run.

These events require strenuous physical activity, including repeated lifting, pushing, sprinting, dragging and carrying weighted loads, maintaining a sustained plank position, and running. The published performance ranges are 7–15 deadlift repetitions, 30–75 push-ups, a sprint-drag-carry time of 1 minute 20 seconds to 2 minutes 15 seconds, a plank hold of 1 minute 20 seconds to 2 minutes 30 seconds, and completion of the 1.5-mile run in 13 minutes or less. Test administration and passing requirements will follow Gainesville Fire Rescue's approved testing protocol.

Gainesville Fire Rescue Selection Process Medical Waiver Form

I have examined_____and his/her medical history, and based upon my evaluation I recommend that:

- ☐ Participation is not advisable at this time. (If you advise against participation, please do not disclose the participant's medical condition on this form.)
- ☐ No medical condition or disorder exists which precludes this applicant from participation in the physical abilities test as described.

_____ Signature of Physician	_____ Date	_____ DEA #
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Physician's Printed Name

Address

Phone Number

Please bring this form with you to the first day of the selection process!!