FIRE ACADEMY OF THE SOUTH

PHYSICAL ABILITY TEST (PAT) PACKET

Florida State College at Jacksonville

Rev 9/20/20
Physical Ability Test (PAT) Packet
Deadline to submit is November 6 by 12 p.m.

Checklist for PAT Packet

☐ TRACKING SHEET completed legibly

☐ Medical Examination Form #DFS-K4-1022 including 12 lead EKG.
   Any physician who is licensed in Florida can do the physical and EKG but the result must be recorded on the form supplied in this package and must be signed by the Florida physician even if a physician’s assistant or ARNP completes the exam.

   Also note, if you have your physical done at the base, you must make sure that the doctor that signs your form is licensed in Florida. There are doctors at the base who are not.

   The physician must indicate whether or not the candidate is or is not medically fit to engage in firefighter training by signing the appropriate response on the first page of form DFS-K4-1022 (boxes in bold).

☐ Physician’s Release Form – Physician must sign page 2

☐ Hold Harmless Agreement – Must be notarized

☐ Copy of Driver’s License – Must be current - Hardship licenses not accepted

☐ Copy of High School Diploma, GED or High School Transcripts
TRACKING SHEET FOR FIREFIGHTING CLASS

DATE _________________________

NAME ________________________________________

Last   First   MI

SOCIAL SECURITY # __________________________ DATE OF BIRTH __________________________

MAILING ADDRESS _____________________________________________________________

CITY ___________________ STATE ___________ ZIP CODE __________________

CELL PHONE ___________________ HOME PHONE _______________________________

WORK PHONE ___________________ FSCJ Student ID _______________________________

I WILL BE USING VA BENEFITS ➤➤➤➤ YES _______ No _______

Once you have applied to the college and receive an FSCJ email account, correspondence from the Fire Academy of the South will ONLY be sent to your FSCJ email account.

FSCJ EMAIL ADDRESS ___________________________________________________________

OTHER EMAIL ADDRESS __________________________________________________________

T-SHIRT SIZE

SMALL_____MED_______LARGE_______XLARGE_______XXLARGE_______

CLASS PREFERENCE   Night MON/WED/SAT _______ Day MON/WED _______ Day TUE/THU _______

FOR OFFICE USE ONLY:

REQUIRED FOR PHYSICAL ABILITY TEST (PAT) – PACKET #1

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>HOLD HARMLESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EKG</td>
<td>COPY DRIVER’S LICENSE</td>
</tr>
<tr>
<td>PHYSICIAN’S RELEASE</td>
<td>COPY OF HIGH SCHOOL DIPLOMA, GED or HS TRANSCRIPTS</td>
</tr>
</tbody>
</table>

REQUIRED FOR ACCEPTANCE INTO FFI PROGRAM – PACKET #2

<table>
<thead>
<tr>
<th>FSCJ VOCATIONAL APP/RESIDENCY</th>
<th>FINGERPRINTS – PAPER RECEIPT</th>
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<tbody>
<tr>
<td>MINIMUM STANDARDS AFFIDIVIT</td>
<td>DRIVING HISTORY – 7 YEAR</td>
</tr>
<tr>
<td>TOBACCO AFFADAVIT</td>
<td>DRUG SCREENING – SOUTH EMT STUDENT EXEMPT</td>
</tr>
<tr>
<td>PHOTOGRAPHY/VIDEO RELEASE</td>
<td>FDLE BACKGROUND – SOUTH EMT STUDENT EXEMPT</td>
</tr>
<tr>
<td>PROOF OF HEALTH INSURANCE</td>
<td>PROOF of EMT COMPLETION</td>
</tr>
</tbody>
</table>

REQUIRED AT FFII REGISTRATION:

| EMT Certification            |                                   |

*In compliance with Florida State Statute 119.071(5), students should be aware that Florida State College at Jacksonville collects and uses social security numbers (SSNs) if specifically required by law to do so or if necessary for the performance of the College’s duties and responsibilities. The College takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as required to fulfill the College’s duties and responsibilities.

FAS September 2019
HOLD HARMLESS AGREEMENT

I, ________________________________________ as applicant before undergoing a required physical ability examination at the FSCJ Fire Academy of the South, do hereby state the following:

1. That I understand that I will be taking a rigorous physical ability test for the position of firefighter minimum standards candidate.

2. That I understand that this test is intensive and related to the rigorous physical functions necessary to perform as a firefighter minimum standards candidate and have received the schedule of specific test events.

3. That I am in good physical condition and am able to take the above described physical ability examination at the FSCJ Fire Academy of the South.

4. That I hereby release and waive any claims that I may have against the Fire Academy of the South and Florida State College at Jacksonville from any and all injuries, liabilities, claims, actions, damages, cost or expenses which I may have against any of them arising out of the above-described physical ability examination that I am about to take.

SIGNATURE OF APPLICANT ________________________________

STATE OF FLORIDA:
COUNTY OF: ________________________________

SWORN AND SUBSCRIBED BEFORE ME THIS _________________DAY
OF ___________________ 20 ______

( ) Personally known to me or ( ) produced identification ____________________________

(Type of identification)

SIGNATURE OF NOTARY ________________________________

NOTARY SEAL:
MEDICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTER TRAINING
BUREAU OF FIRE STANDARDS AND TRAINING

Please print legibly.

NAME: LAST    FIRST    MI    STUDENT ID

TRAYING CENTER    E-MAIL ADDRESS    CONTACT PHONE NUMBER

For the medical professional conducting the examination: The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. Authority for this examination is FS 633.34 and is required before an individual starts firefighter training.

This medical examination must be completed by a physician, surgeon, or physician’s assistant per ch. 458; or an osteopathic physician, surgeon, or physician’s assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

Examination should include but is not limited to:

<table>
<thead>
<tr>
<th>System</th>
<th>Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatological system</td>
<td>Ears, eyes, nose, mouth, throat</td>
</tr>
<tr>
<td>Cardiovascular system</td>
<td>Auditory hearing in the pure tone</td>
</tr>
<tr>
<td>Clinical evaluation of 12 lead EKG</td>
<td>Far visual acuity corrected or uncorrected</td>
</tr>
<tr>
<td>Systolic and Diastolic Blood pressure</td>
<td>Peripheral vision</td>
</tr>
<tr>
<td>Respiratory system</td>
<td>Genitourinary system</td>
</tr>
<tr>
<td>Gastrointestinal system</td>
<td>Musculoskeletal system</td>
</tr>
<tr>
<td>Endocrine and metabolic systems</td>
<td></td>
</tr>
<tr>
<td>Neurological system</td>
<td></td>
</tr>
<tr>
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<td>Musculoskeletal system</td>
<td></td>
</tr>
</tbody>
</table>

For the medical professional conducting the examination to complete: (Sign in appropriate box)

Based on the results of this medical evaluation, the applicant:

Has no pre-existing or current condition, illness, injury or deficiencies. The applicant is medically fit to engage in firefighter training.

Has a pre-existing or current condition, illness, injury or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. The applicant is not medically fit for firefighter training.

Signature

Signature

Completion Required (please print)

Name of signature: _____________________________ Date signed: _____________

Office Telephone number: _________________

Office address: ____________________________

DFS-K4-1022 Original Effective Date 9/07/81, Amended Date 01/01/09
Essential Job Tasks and Descriptions from NFPA 1582, 2007 edition

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.

2. Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.

3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.

4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs.

5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).

6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.

7. Advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft.], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.

8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow anduneven surfaces, and operating in proximity to electrical power lines and/or other hazards.

9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.

10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.

11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.

12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, hear and locate the source of calls for assistance from victims or other firefighters.

13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.
Dear Physician:

The following is a description of the physical test for Firefighter, which simulates the job of a Firefighter. To pass the test, candidates must perform all eleven tasks consecutively, without interruption, in proper sequence within seven minutes. Throughout the test, candidates are required to wear a weighted vest, air tank, and gloves. This equipment weighs forty pounds.

**TASK 1: HOSE DRAG (50 foot length, 3 inch hose, 57 pounds)**
You will stand at the start line about arm's length distance from the section of hose. You may position yourself so that the hose is next to either your left or right foot, depending on which shoulder you prefer to use to drag the hose. When the examiner tells you to go, reach down, pick up the fold of the hose, place your preferred arm through the fold of the hose and drag the hose to the 75-foot line. When you have crossed the stop line, you will drop the hose and immediately proceed to TASK 2, the HOSE CARRY.

**TASK 2: HOSE CARRY UP STAIRS (2 ½ inch folded hose, 36 pounds)**
Go to the hose section and slide the 2 ½ inch diameter folder hose onto your preferred shoulder. Carry the folder hose approximately 90 feet along the marked route to the base of the stairs. Carry the hose up the stairs to a platform at the top. Drop the folder length of hose on the floor where indicated and immediately proceed to TASK 3, the HOSE PULL.

**TASK 3: HOSE PULL (50 foot length, 2 ½ inch hose, 36 pounds)**
Standing in front of a window, grasp the rope which is attached to a length of hose resting on the ground floor below. Using the rope, pull the hose until it reaches the bar at the window. When the hose coupling (the metal connection) reaches the window, a monitor will indicate that you have completed Task 3. A 100-second timer will now be activated.

**TASK 4: MANDATORY 100-SECOND WALK**
Immediately start the 100-second walk by descending the stairs and following the marked route to the Ladder Raise, TASK 5. The 100-second timer will indicate the elapsed time during the 100-second walk. At the end of the 100 seconds, start TASK 5. If you arrive at the Ladder Raise before 100 seconds have elapsed, you will have to wait to begin TASK 5 until the 100 seconds expire.

**TASK 5: LADDER RAISE/EXTENSION (20 feet, 60 pounds)**
Pick up the top of the aluminum ladder from the ground and raise it from its horizontal position to a vertical position. Leave the ladder in this position and proceed to the adjacent raised ladder. Using the halyard raise the extension fully and then lower the extension, maintaining control at all times. Proceed immediately to TASK 6, the EQUIPMENT CARRY.

**TASK 6: EQUIPMENT CARRY (60 feet, 35 pounds)**
Pick up one chain saw from the shelf and place it on the ground. Remove the second chain saw from the shelf and place it on the ground. Grasping both chain saws, WALK 30 feet to the pylon and return to the shelf. Place both chain saws on the ground. Place one chain saw at a time on the shelf. Proceed immediately to TASK 7, the FORCIBLE ENTRY SIMULATION.

**TASK 7: FORCIBLE ENTRY SIMULATION (11.5 pound sledge, 20 feet)**
Pick up the sledge hammer at the sled. Stand on the raised walkway, move the steel block the length of the sled using the sledge hammer to move it. Upon completion, place the sledge hammer at the end of the table and immediately proceed to TASKS 8 and 9, the RESCUE SIMULATION.

**TASK 8: TUNNEL CRAWL (25 feet long, 2 ½ feet high, 3 feet wide)**
Drop down to enter a U shaped tunnel at whichever opening you choose and crawl through it, coming out at the other end. Upon completion of the tunnel crawl, immediately proceed to TASK 9, the DUMMY DRAG.

**TASK 9: DUMMY DRAG (5 foot, 5 inch, 145 pound dummy, 45 foot drag)**
Lift the dummy on the floor to grasp the loop at the back. Drag the dummy 45 feet to the finish line. After dragging the entire dummy across the finish line, stop. The physical ability test is over. Your time will be recorded by the Examiner. Remove the air tank, weighted vest and firefighter gloves and return them to the monitor. Remain in the area until the monitor escorts you to the sign-out area. Promptly leave the grounds.
Some conditions may increase a candidate’s risk of suffering medical complications during or after the test. Among these are Muscular Disorders, High Blood Pressure, Heart Disease, Infections, Asthma, Lung Disease, Liver Disease, Kidney Disease, Diabetes Mellitus, Sickle Cell Disease or Trait, Dehydrations, Alcoholism, Anemia, Gastro-Intestinal Disorders, Seizure Disorder, Electrolyte Abnormalities, Steroid Use, history of Heat Stroke, current illness such as Diarrhea, Colds, Flu, Fever and Salt Potassium Depletion. In addition, the use of medications or drugs such as aspirin, and products containing aspirin, non-steroid anti-inflammatory agents, acetaminophen, ibuprofen, decongestants, cold pill and diuretics, stimulants, cocaine, heroin, marijuana, and other vasoconstrictors of a similar chemical family such as amphetamines, ephedrine and related substances may increase a candidate’s risk. The above listing of conditions is not intended to be a complete list of all conditions which may put candidates at risk if they take this test.

Accordingly, before a candidate will be permitted to take this test, he/she is required to be examined by a doctor and submit this certification that the candidate is able to perform this test. Additionally, no candidate will be permitted to begin this test with a blood pressure greater than 160/100. For additional information on this physical test, contact the Fire Academy of the South at 997-4919.

I hereby certify that I have read the above description of the physical test for Firefighter and have examined:

____________________________________________________________________________________

I hereby certify that I have read the above description of the physical test for Firefighter and have examined:

Candidate’s Name – Please Print

Candidate’s Social Security Number

And certify that this candidate is able to perform this test.

____________________________________________________________________________________

Physician’s Signature

____________________________________________________________________________________

Physician’s Name – Please Print

____________________________________________________________________________________

Physician’s License Number

Date

____________________________________________________________________________________

Physician’s Address