

**ST. LOUIS COUNTY FIRE ACADEMY
CANDIDATE PHYSICAL ABILITY TEST
REGISTRATION FORM**

LAST NAME: _____ FIRST: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____

DRIVERS LICENSE #: _____

DATE OF BIRTH: _____

IN CASE OF EMERGENCY, I AUTHORIZE THE FIRE ACADEMY TO CONTACT:

NAME: _____

RELATIONSHIP: _____

CONTACT NUMBER: _____

SIGNATURE

DATE

ST. LOUIS COUNTY FIRE ACADEMY, INC.

CANDIDATE PHYSICAL ABILITY TEST

WAIVER OF CLAIMS

This form must be signed before you are permitted to take the *Candidate Physical Ability Test (CPAT)*.

You will be asked to perform eight (8) physical tasks and given specific instructions (via videotape and proctors) on how to do them.

The eight (8) physical tasks are:

- 1. STAIR CLIMB**
- 2. HOSE DRAG**
- 3. EQUIPMENT CARRY**
- 4. LADDER RAISE AND EXTENSION**
- 5. FORCIBLE ENTRY**
- 6. SEARCH**
- 7. RESCUE**
- 8. CEILING BREACH AND PULL**

I have read and understand the physical effort that this *Candidate Physical Ability Test (CPAT)* involves. I am physically capable of participating in this test. I hereby waive any and all claims for or arising out of an injury I might sustain or incur as a result of participating in the Candidate Physical Ability Test (CPAT).

In consideration of my use of any and all facilities made available to me at any and all locations, in order that I may further my training and ability in the fire service, by signing below, I agree to hold harmless St. Louis County, the St. Louis Fire Standards Commission, the St. Louis County Fire Academy, Inc., the St. Louis County Fire Academy Board of Directors, the owners of any property or facilities made available to me, or any agents or employees because of any injury to myself which may occur while using the facilities or participating in any training classes.

Last name: _____ First name: _____ MI: _____
(Please Print)

Applicant Signature: _____



ACKNOWLEDGEMENT AND WAIVER OF CPAT ORIENTATION AND/OR CONDITIONING PERIOD AND/OR TIMED PRACTICE RUNS.

This form must be signed before you will be permitted to take the Candidate Physical Ability Test (CPAT) if you did not attend the orientation and practice sessions prior to this test.

A fire department administering CPAT as a condition of hire, must ensure that all candidates were provided full and equal access to a CPAT orientation and practice program. The orientation and practice program must commence at least eight (8) weeks before commencement of the official CPAT test date. This program is composed of two phases.

1. The fire department will provide each candidate a full and equal opportunity to attend at least two (2) orientation sessions during which candidates will receive "hands-on" familiarity with the actual CPAT test apparatus. These required orientation sessions will be provided by certified Peer Fitness Trainers, fitness professionals and/or CPAT-trained fire fighters (proctors). These individuals will familiarize each candidate with each CPAT task and the test apparatus. They will advise all candidates concerning specific conditioning regimens and techniques to help each candidate prepare for the CPAT test.

2. The fire department will provide each candidate a full and equal opportunity to attend at least two (2) timed practice runs of the CPAT, using CPAT apparatus. These required practice runs must occur within thirty (30) days before the commencement of the official CPAT test dates. Following each practice session, certified Peer Fitness Trainers, fitness professionals, and/or CPAT-trained fire fighters (proctors) shall help the candidates understand the test elements and how they can improve their performance and conditions.

This two-phased orientation and practice program is a mandatory condition for candidates taking the CPAT test. However, it is recognized that some individuals may be capable of passing CPAT without participation in these programs. These individuals may excuse themselves from this mandatory condition upon the receipt by the fire department of a written and signed waiver, acknowledging that the fire department made available these programs on an equal basis to all candidates and that the candidate knowingly and voluntarily waived participation in the orientation and practice sessions.

Orientations and practice sessions are designed to give each candidate identical information regarding the test so that each will have the maximum probability for success. During the classroom orientation, candidates are shown the CPAT orientation video and are given the CPAT Candidate Preparation Guide. The orientation and practice sessions provide an equal and full opportunity for each candidate to view the test events, talk with qualified professionals and instructors and physically examine and use test equipment, tools, and props in a controlled and consistent setting. Candidates are directed to familiarize themselves with all elements of the test. Further information regarding the orientation and practice sessions may be obtained from your fire department.

I have read and understand the nature of the orientation and practice sessions and the time period between orientation and actual CPAT administration. By executing this acknowledgment, I hereby knowingly and voluntarily waive my right to participate in the above-described orientation and practice sessions.

LAST NAME (please print) _____ FIRST NAME _____

APPLICANT SIGNATURE _____ DATE _____



**ST. LOUIS COUNTY FIRE ACADEMY
RECRUIT-TRAINING PROGRAM
CPAT & FITNESS FOR CLASS
1266 Sutter Avenue • St. Louis, MO 63133 • 314-889-8670**

FORM # 38

The Candidate Physical Ability Test (CPAT) and the Recruit-Training program require high levels of cardiopulmonary endurance, muscular strength and endurance, and coordination.

- The Candidate Physical Ability Test (CPAT) consists of eight (8) events designed to simulate tasks that a firefighter must be able to perform. The continuous sequence of events must be completed in 10 minutes and 20 seconds.

During the recruit-training program, the candidate will perform essential tasks/skills of a firefighter as outlined below.

- Performing firefighting tasks (e.g., hoseline operations, extensive crawling, lifting, and carrying heavy objects, hoisting equipment with ropes, ventilating roofs or walls using power or hand tools, forcible entry, rescue operations, and other emergency response actions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including possibly working in extremely hot or cold environments for prolonged time periods.
- Wearing an SCBA, which includes a demand valve-type positive-pressure facepiece or HEPA filter mask, which requires the ability to tolerate increased respiratory workloads.
- 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.
- 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.
- Searching, finding, and rescue-dragging or carrying simulated victims weighing over 200 lbs. to safety despite hazardous conditions and low visibility.
- Advancing water-filled hoselines up to 2½" in diameter from fire apparatus to occupancy (approximately 150 ft.) which can involve negotiating multiple flights of stairs, ladders, or other obstacles.
- Climbing ladders, operating from heights, walking, or crawling in the dark along narrow and uneven surfaces.
- Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines.

This form shall remain valid for one year from the date signed by the physician, physician's assistant or nurse practitioner.

This shall confirm that _____, is unconditionally released and has been
(Print patient name)
determined capable of performing physically demanding tasks.

Physician, Physician's Assistant or Nurse Practitioner name (Printed or Typed)

Date

Address

Phone number

Physician, Physician's Assistant or Nurse Practitioner signature (REQUIRED)