CANDIDATE PHYSICAL ABILITY TEST
SIGN IN SHEET

LAST NAME: ___________________________________ FIRST NAME: ______________________ MI: ______
(PRINT PLEASE)

STREET ADDRESS: ______________________________________________________________

CITY: __________________________________________________________________________

STATE/PROVINCE: ___________ ZIP CODE/POSTAL CODE: _____________________________

TELEPHONE: ______________________ SSN/SIN#: ____________________________

DRIVER’S LICENCE#: ______________________ DATE OF BIRTH: ____________________

ETHNICITY: □ American Indian/Alaska Native □ Asian □ Black or African American
□ Hispanic or Latino (of any race) □ Native Hawaiian or Pacific Islander
□ White □ Two or More Races

GENDER: □ Female □ Male

REASON FOR TAKING THE TEST: □ Job □ Fire School □ Recertifying

IN CASE OF AN EMERGENCY, I AUTHORIZE YOU TO CONTACT:

NAME: __________________________________________________________

ADDRESS: ___________________________________________________________

TELEPHONE: __________________________________________________________

SIGNATURE: ___________________________ DATE: _____________________________

Candidate # _______

For CPAT Staff ONLY:
PASS: _______ FAIL: _______
TIME REMAINING: _______________ REASON FOR FAILURE: ________________________
It is normal to feel tired after the performance test. There are some signs that may mean that the exertion is causing more serious problems. If any of the following signs or symptoms occurs, you should call your physician or the local Emergency Services:

- Nausea, vomiting, dizziness, or headache lasting more than a few hours
- Extreme weakness
- Fever
- Confusion
- Generalized muscle aching lasting more than one day
- Dark urine or very little urine

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<thead>
<tr>
<th>LAST NAME (please print)</th>
<th>FIRST NAME</th>
<th>MI</th>
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<table>
<thead>
<tr>
<th>SOCIAL SECURITY / INSURANCE NUMBER</th>
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<table>
<thead>
<tr>
<th>Time:</th>
<th>Baseline</th>
<th>Initial</th>
<th>5 Minute</th>
<th>10 Minute</th>
<th>15 Minute</th>
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<tbody>
<tr>
<td>Pulse Rate</td>
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<tr>
<td>O₂ Sat</td>
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<td>Respirations</td>
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<td>B/P</td>
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**Disposition:**

- ○ Released
- ○ Called 911

**Patient Information: (Required if 911 called)**

Address________________________________________ City_____________________

Phone________________________ Allergies____________________________________

Meds__________________________

History______________________________________________________________

Last meal____________________________

**Narrative: SOAP (Required if 911 called)**

__________________________________________________________________

__________________________________________________________________
Candidate Physical Ability Test

Practice/Instruction Waiver

Candidate’s Name (Please print)  Social Security Number

Emergency Contact Name (Please print)  Area Code and Phone Number

I, hereby, decline my opportunity for practice and personal instruction from CPAT staff, and opt to test without participating in that training process. I acknowledge that I am choosing to do this against the advice of the CPAT staff.

I have completed an orientation for the Candidate Physical Ability Test (CPAT) and I fully understand that whether or not I choose to take advantage of my schedule practice time, I will have only one opportunity to test during the current CPAT testing cycle.

____________________________  ______________________
Candidate’s Signature  Date
## Candidate Physical Ability Test
### Medical Waiver

<table>
<thead>
<tr>
<th>Candidate’s Name (Please print)</th>
<th>Social Security Number</th>
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<tr>
<th>Emergency Contact Name (Please print)</th>
<th>Area Code and Phone Number</th>
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I have completed an orientation for the Candidate Physical Ability Test (CPAT). During the orientation, I read the CPAT pamphlet and viewed the CPAT video which describe and demonstrate the eight (8) events that make up the Candidate Physical Ability Test. I was advised to get a good night’s sleep, eat a balanced meal, be well hydrated, stretch my muscles and check with a Doctor before attempting this physically challenging test, whether for practice or for an official time.

To the best of my knowledge, I have no pre-existing medical condition(s) that would prevent me from performing the strenuous physical tasks of the CPAT. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Candidate Physical Ability Test. I voluntarily participate as part of my application for employment or entrance into the Palm Beach State College Fire Academy Program.

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