

SPRINGDALE FIRE DEPARTMENT

PHYSICAL ABILITIES TEST FORM

Name: _____ Date: _____

Age: _____ Height: _____ Weight: _____

<u>Vital Signs</u>	<u>Pre-Test</u>	<u>Post-Test</u>	<u>Five Minute</u>
Blood Pressure	_____	_____	_____
Pulse	_____	_____	_____
Respirations	_____	_____	_____

* Post test vitals signs are obtained immediately following the completion of the test.

Time to complete test _____

SCBA psi at start _____

SCBA psi at end _____

Air consumed during test _____ (psi)

Abilities test conducted by: _____