

# Wildland Firefighter Medical Clearance Form

***Local Health Care Professional:*** Complete the information required below and provide to the firefighter at the end of the medical screening. **Indicate the highest level of Work Capacity Test medically authorized.**

***Firefighter:*** You must return this form to Employee Development prior to taking the Work Capacity Test.

Firefighter Name (PRINT):

Location:

Employee cleared for the Arduous Duty Wildland Firefighting Pack Test –Carrying a 45-pound pack a distance of 3 miles in a period of 45 minutes over level ground.

Employee cleared for the Moderate Duty Wildland Firefighting Field Test—Carrying a 25-pound pack a distance of 2 miles in a period of 30 minutes over level ground.

Employee cleared for the Light Duty Wildland Firefighting Walk Test—Walking a distance of 1 mile in a period of 16 minutes over level ground.

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(Print) Name—Health Professional Signature—Health Professional Date

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(Print) Address Telephone Number