

**BC Wildfire Service**  
**Type 1 Wildland Fire Fighter**  
**WFX-FIT Fitness Test and Job Responsibilities**  
**Physician's Release Form**

To the Physician; RE: \_\_\_\_\_  
(Name of Applicant)

The above named has made an application or is returning to the job of a Type 1 wildland fire fighter crew position with the BC Wildfire Service (BCWS).

He/she is required to successfully complete the the *Canadian Physical Performance Exchange Standard for Type 1 Wildland Fire Fighters (WFX-FIT)* fitness test as described below.

The BCWS requires the person to provide a *Physician's Release Form* at his/her own expense to determine whether or not he/she is fit to undergo the physical testing as outlined below and perform the job responsibilities of the position on an ongoing basis, also outlined below, as per the date of this release form.

The components of the WFX-FIT circuit include:

1. Carrying a medium pump (28.5 kg: 62.7 lb) on the back for 160 m (524.9 ft) while traversing a 1.22 m (4 ft) 35 degree ramp every 20 m (65.6 ft).
2. Carrying the same medium pump in the hands 80 m (262.4 ft) without traversing the ramp.
3. Picking up and carrying a hose pack (25 kg: 55 lb) on the back for 1 km (3,281 ft) while traversing the ramp every 20 metres (65.6 ft).
4. Dragging a weighted sled (calibrated to require 18.5 kg [40.7 lb] of force to move) a distance of 80 m (262.4 ft) on level ground.

The WFX-FIT is completed as a timed circuit. All four (4) components must be tested together and take the applicant no more than 14 minutes and 30 seconds to complete.

***A Type 1 wildland fire fighter is usually the first to arrive at a fire site to suppress a wildfire, which may occur on a multitude of varying terrain. They routinely work long, hard and stressful hours with little rest. They work in hot smoky conditions, often in very remote situations for several days on end sometimes at high elevations. Heavy loads are carried long distances often over difficult terrain.***

***The participants will be subject to continued and increasing physical exertion over the course of the WFX-FIT test circuit and may experience maximal heart rate and maximal stress being placed on the cardiovascular system during the test for a period of up to 14 minutes, 30 seconds.***

**The maximum resting blood pressure allowed for an individual to take the test is 144/90 mmHg.**

To minimize the chance of precipitating a major cardiovascular event, we are requesting that this person be examined to determine his/her test risk potential. This examination is also required to assess any illness or non-work related injury that the employee may be recovering from.

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**For Physician use:**

***In addition to your usual examination we request your assessment of this person with respect to factors which may place him/her at risk during this maximal test:***

1. Hypertension with possible causative factors
  2. Diabetes Mellitus
  3. Persons with known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, dizziness
  4. Individuals with low fitness levels
  5. Acute systemic infections including viral respiratory infections
  6. Muscular and/or skeletal problems which may affect physical performance
  7. Any other areas of concern:
- \_\_\_\_\_

<p><b>In my opinion, this person is:</b></p> <p><b>FIT _____ NOT FIT _____</b></p> <p><b>to partake in the WFX-FIT test</b> <b>and perform the job function of a Type 1 Wildland Fire Fighter on a continuing basis.</b></p>
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**Date of last physical examination:** \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Physician or  
Certified Exercise Physiologist (CEP))**

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**(Physician's / CEP's Stamp)**

**Name of Physician or CEP:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><b>NOTE:</b> Please give this form to the applicant for return to the WMB representative at his/her Fire Centre/Zone.</p>
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<p><b>BCWS Managers (or designates):</b></p> <p>If requesting employees to obtain a Physician's Release Form prior to their return to work <b><i>following illness or non-work related injury</i></b>, please sign below and present to the employee prior to their appointment with the Physician. <b><i>Also, in section 7 above please identify the nature of the illness or injury in question.</i></b></p>		
_____ <b>Signature of BCWS Manager or designate</b>	_____ <b>Print Name and Position</b>	_____ <b>Date Signed</b>