

## **FITNESS YORK**

Room 358 Norman Bethune College  
4700 Keele Street  
Toronto, Ontario M3J 1P3  
e-mail: [fityork@yorku.ca](mailto:fityork@yorku.ca)

### **Occupation Specific Fitness and Selected Health Assessments For Applicants to Full Time & Volunteer Fire Fighter Positions**

Most municipalities require applicants to full time or volunteer fire fighter positions to undergo the York University Fire Fighter Applicant Fitness Assessment. Below is an overview of the test components, booking information, the associated fees and instructions. Approximately 30 minutes following the completion of the testing candidates receive a certificate which provides an evaluation of the participant's performance in each of the areas assessed. The certificates are signed and certified with a corporate impression then provided to the participants on the day of the test. The fitness test results are generally accepted by fire departments for up to 6 months.

#### **TEST COMPONENTS:**

<b>Selected Health Items</b>	<b>Aerobic Fitness Test</b>	<b>Job Simulation Performance Tests</b>
<b>Visual Acuity</b> (20/30 in each eye uncorrected <b>OR</b> NFPA Standard, as specified by municipality) <b>Depth Perception</b> (Stereopsis Test) <b>Colour Vision</b> (City University Test or Farnsworth D-15 Test) <b>Hearing</b> (Audiometer, NFPA Standard) <b>Normal Resting Lung Function</b> <b>Pre-Exercise Blood Pressure &amp; Heart Rate</b>	Aerobic fitness (treadmill test with direct expired air analysis)	Acrophobia (ladder climb- pass/fail) Claustrophobia (search confined area - pass/fail) Ladder lift (56 lb - pass/fail) Rope pull (50 lb - timed) Hose carry/stair climb (85 lb - timed) Simulated hose advance (135 lb - timed) Victim drag (200 lb - timed) Forced entry (pass/fail)

**BOOKING INFORMATION & FEES:** The cost of the occupation specific fitness and selected health assessments is \$250.00 to be paid by **cash or by money order (payable to Fitness York)** on the day of your appointment. Additional certified copies of your results can be purchased for \$2.50 each on the day of your testing. The “2021 PAR-Q+”, the COVID-19 Questionnaire and “Consent to Perform Heavy Exercise in a Fire Fighting Related Fitness Assessment” documents are to be completed in advance by participants and submitted on the day of testing.

**FOR THE DATE OF THE NEXT TESTING SESSION e-mail Fitness York at [fityork@yorku.ca](mailto:fityork@yorku.ca)**

**GENERAL INFORMATION:** The testing will take approximately three hours. Please bring a towel, exercise clothing and running shoes (an extra top is a good idea). It is also recommended that you bring a fluid bottle (not sports drinks, which are frequently regurgitated) and a snack. It is advisable to eat a light meal up to two hours prior to the testing, but do not smoke or drink caffeine-containing beverages on the day of the test. In addition, you should not exercise heavily or consume alcohol for **24** hours prior to the testing.

The testing takes place in Room 120 Norman Bethune College which is building number 11 on the York University Keele (4700 Keele Street Toronto, Ontario M3J1P3) campus map (attached) accessible at [www.yorku.ca](http://www.yorku.ca). Due to the COVID-19 situation only one door to Norman Bethune College (campus address 170 Campus Walk) will be unlocked - the main doors are accessed from the Campus Walk path. Pay parking is available in the lot beside Norman Bethune College.

**VERY IMPORTANT:** On the day of the testing **BRING** the following documentation:

- 1) Original valid government issued photo identification, i.e. Driver's License, Health Card, or Passport
- 2) Completed “Consent to Perform Heavy Exercise in a Fire Fighting Related Fitness Assessment”
- 3) Completed 2021 PAR-Q+ Form (download the form from [www.eparmedx.com](http://www.eparmedx.com))
- 4) Completed COVID-19 Questionnaire

## CONSENT TO PERFORM HEAVY EXERCISE IN A FIRE FIGHTING RELATED FITNESS ASSESSMENT

I, the undersigned do hereby acknowledge:

1. my consent to perform a graded exercise test consisting of exercising to maximum on a motor-driven treadmill while breathing through a mouthpiece into a collecting device
2. my consent to the tests being conducted by a Qualified Exercise Professional who has been trained to administer fire fighting-related fitness assessment protocol,
3. my consent to perform the following simulated fire fighting tasks and when carrying out tasks c to h you will be wearing a 32 lb vest and ankle weights (2 x 4 lb):
  - a. climb a 40 ft. ladder, uncouple and perform a manual task, then descend,
  - b. while locked in a confined area wearing a blacked-out face piece you will perform a manual task
  - c. raise and lower the weight of a 50 ft section of hose plus nozzle ( total = 50 lb) a height of approximately 65 ft,
  - d. drag the weight of two sections of charged hose a distance of 50 ft,
  - e. carry on the shoulder an 85 lb bundle of rolled hose and nozzle up and down five flights of stairs totalling approximately 50 ft,
  - f. drag a 200 lb rescue dummy through a 50 ft obstacle course,
  - g. remove and replace a 24 ft ladder from wall-mounted brackets,
  - h. forced entry, using a sledge hammer, hit and move a heavily weighted tire (positioned at door handle height) a distance of 12 in.
4. my understanding that the data collected may also be used for research purposes and statistical analysis, but results will only be reported in an anonymous group format.
5. my understanding that there exists the possibility of certain changes occurring during and after the tests including abnormal blood pressure, fainting, transient light-headedness, leg cramps, nausea, and, in rare instances, heart attack or heart rhythm disturbances,
6. my understanding that there are potential risks related to the performance of the job-related tests such as straining the muscles of the back,
7. my understanding that I may ask questions or request further information or explanations about the tests.
8. my obligation to immediately inform the performance test examiner of any pain, discomfort, fatigue or any other symptoms that I incur during or after the testing,
9. my understanding that I may stop any further testing if I so desire and also that the testing may be terminated by the performance test examiner upon his/her observation of any symptoms of distress or abnormal response or if the task performance exceeds a maximum limit,
10. that I have read, understood and completed the Physical Activity Readiness Questionnaire for Everyone (2021 PAR-Q+ [www.eparmedx.com](http://www.eparmedx.com)) and my answers to all questions were “No”, or if I answered “Yes” to any question, I was subsequently cleared for participation in the fitness testing using the ePARmed- X+ ([www.eparmedx.com](http://www.eparmedx.com)) or by a Qualified Exercise Professional with advanced specialized university training or by a qualified physician;
11. that I do not have two or more of the following major coronary risk factors: a family history of myocardial infarction or sudden death before 55 years of age; currently smoke cigarettes; have high blood pressure; have diabetes mellitus; have high blood cholesterol; work in a sedentary occupation and am physically inactive; or if I do, I have received clearance by a Qualified Exercise Professional with advance specialized university training or by my physician;
12. that I have read and understand that I will need to complete the COVID-19 declaration form upon arrival and adhere to the COVID-19 precautions of wearing a face covering plus gloves and whenever possible maintain a 2 m distance from others

---

Name of Participant (Please Print)

---

Signature of Participant

---

Signature of Witness

---

Date