

Oxfordshire Fire and Rescue Service



Practical Assessments

Fitness Declaration and Consent

Have you ever experienced any of the following?	No	Yes
Episodes of chest pain, breathlessness or collapse at rest or when exercising		
Anxiety about working in confined spaces or at height (e.g. up ladders)		
Psychological difficulties (e.g. concentration, judgment, memory, motivation)		
Difficulties with communication e.g. speech and hearing?		

Are you at increased risk of a cardiac event (e.g. heart disease, high cholesterol, obesity, high blood pressure, a family history of a serious heart condition in a male relative before the age of 55 or a female relative before the age of 65)?		
Are you at risk of an unexpected acute incapacitating event (e.g. asthma, diabetes or epilepsy)		
Do you have any other medical condition, disease or disability which could affect your ability to carry out the physical tests?		

I accept that if I have answered 'yes' to any of the functional capacity / medical risk questions above, or if I or the test supervisor is concerned about my fitness to participate, I may be asked to discontinue with this practical assessment and seek medical advice.

Name:.....

Signed:.....

Date:.....