

## Work Capacity Test Record

Units will document the administration of the WCT to all employees and job applicants. This documentation must be retained until the next WCT is administered. Units may also be requested to provide data from these records to assist in the evaluation of the WCT process.

The information on the Work Capacity Test Record is considered confidential and must be filed in the employees medical file. The identity of the individual must be protected.

Solicitation of this information is authorized by Title 5 U.S. Code Section 3301, which provides for a determination of an individual's fitness-for-duty. The information on this form may be disclosed without your consent as permitted by the Privacy Act (5USC552a (b)) to meet employment and medical requirements.

**To be completed by employee:**

Name (Last, first): \_\_\_\_\_ Where employed: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date test taken: \_\_\_\_\_ Test administered by: \_\_\_\_\_

(print name)

ICS position for which test is required (highest needed) \_\_\_\_\_

Performance level needed (circle one): Arduous      Moderate      Light

Type of test taken (circle one): Pack Test      Field Test      Walk Test

**Work Capacity Test Descriptions:**

|             | Pack Test  | Field Test | Walk Test  |
|-------------|------------|------------|------------|
| Pack weight | 45 lbs.    | 25 lbs.    | none       |
| Distance    | 3 miles    | 2 miles    | 1 mile     |
| Time        | 45 minutes | 30 minutes | 16 minutes |

**To be completed by test administrator:**

Test result time: \_\_\_\_\_

Employee passed test (circle one):                      yes / no

Release Date: 4/02

Appendix E-1

I certify that the work capacity test was administered according to Bureau guidelines.

(Signature of Test Administrator)

(Title)

(Date)