

Lands End Fire Protection District

Physical Agility Test Form

Name: _____

Date: _____

Location: _____

Time: _____

Score/Time: _____

VITAL SIGNS PRIOR TO START OF TEST:

B/P _____

Respirations _____

Pulse _____

Eyes _____

Skin Color _____

VITAL SIGNS 5 MINUTES AFTE COMPLETION OF TEST:

B/P _____

Respirations _____

Pulse _____

Eyes _____

VITAL SIGNS 10 MINUTES AFTE COMPLETION OF TEST:

B/P _____

Respirations _____

Pulse _____

Eyes _____

Skin Color _____

Skin Color _____

*Note: The person responsible for monitoring or administering the agility test may stop the test at any time if her or she feels it is medically necessary ro in the best interest fo the person being tested.

Signature of person being tested: _____

Signature of person monitoring test: _____