



West Metro Fire Protection District
Physician Release Form

PHYSICAL AGILITY TEST and/or TREADMILL MET TEST

Applicant/Patient Name: _____

Date of Birth: _____

The above-named individual is required to undergo a Physical Agility Test and/or Treadmill MET Test as part of the application process for employment with West Metro Fire Rescue. This test involves physically strenuous activity including, but not limited to: running, climbing, lifting, dragging weights, crawling, and other activities that simulate job-related tasks.

This form must be completed by a licensed medical provider prior to the test.

TO BE COMPLETED BY PHYSICIAN

I, the undersigned licensed medical provider, have examined the above-named individual and understand that they will be participating in a physical agility test that may include high-intensity exertion. Based on my examination:

I DO CLEAR the applicant to participate in the physical agility test.

I DO NOT CLEAR the applicant to participate in the physical agility test.

Comments or Limitations (if any): _____

Provider Name (Print): _____

Medical License #: _____

Phone Number: _____

Clinic/Practice Name: _____

Address: _____

Signature: _____

Date: _____