Work Capacity Test Administration Report						
Date: Course Location: Test Administrator:						
Heat Stress:L, M, H						
Test Administration Support Personnel:			Correction:			
EMT/EMR(s): Course Monitor(s):			Arduous Moderat	Arduous Test: sec. Moderate Test: sec.		
Timer(s): Light Test: sec. Lap Counter(s):						
Lup Counter (5)	1			ı		
NAME	1. HSQ	2. Informed Consent	3. WCT Level Taken	4. Passed	5. Comments	
 Clearance obtained to take indicated level of WCT through either the Health Screening Questionnaire or medical exam process? REQUIRED FOR ALL LEVELS OF WORK CAPACITY TESTS Y = Yes N = No Informed Consent form signed and in-hand? REQUIRED FOR ALL LEVELS OF WORK CAPACITY TESTS Y = Yes N = No 						
 A = Arduous M = Moderate L = Light Y = Yes N = No I = Incomplete MI = Medically Injured 						
5. If "I" indicated in Pass column, provide reason If "MI" indicated in Pass column, describe injury type, location on body and medical attention provided						
August, 2015						