



## Fitness Test

All PHEM applicants must successfully undertake this fitness test prior to the Online Selection Centre and provide the signed certificate to [england.recruitment.eoe@nhs.net](mailto:england.recruitment.eoe@nhs.net) no later than Monday 18 November. *This is the fitness test used by the Welsh Ambulance Service and should be carried out by an approved fitness instructor at your own expense; this does not need to be an instructor connected with the NHS.*

The test consists of an assessment of mean oxygen consumption responses and time intervals, observed during work simulation. Following a warm up period the test mimics –

- 1) a stair climb carrying a mock medical kit,
- 2) a period of resuscitation (chest compressions only) and
- 3) a final task of carrying a load of just less than half the weight of the average human by carry chair.

The test is conducted as follows:

### PHASE ONE

Warm up step test  
5 x 2 minute stages  
Cease @ 80% max. heart rate  
or end of stage five  
(30cm step height)

### REST 2 minutes

### PHASE TWO

Stage 1  
1 x 2 minute stepping carrying 10kg load  
Stage 2  
2 minute chest compressions  
Stage 3  
3.5 minute stepping carrying 30kg load  
(15cm step)

N.B. During this stage you may take ONE opportunity to place weights on the floor to readjust your grip.

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All stages cease if unable to continue or if a heart rate of greater than 90% is reached.

Candidates attending for test are required to wear suitable clothing i.e. sports gear, which must include suitable footwear, i.e. training shoes.

If you know of any reason why you would be unable to undertake this test on the day, i.e. cold, flu etc, please contact us to make an alternative appointment.



## PRE-TEST SCREENING QUESTIONNAIRE

**BEFORE UNDERGOING THE FITNESS TEST, IT IS NECESSARY TO ANSWER THE FOLLOWING QUESTIONS AND SHARE WITH THE INSTRUCTOR**

1.	Has your doctor said you have heart trouble?	YES	NO
2.	Do you ever experience pains in your head and chest?	YES	NO
3.	Has your doctor ever said your blood pressure was too high?	YES	NO
4.	Do you ever feel faint, have spells of severe dizziness, or experience blackouts?	YES	NO
5.	Has your doctor ever told you that you have a bone or joint problem such as arthritis, which has been aggravated by exercise, or might be made worse by exercise?	YES	NO
6.	Do you suffer from any back or joint condition that would be aggravated by lifting moderately heavy weights, or completing a maximal lifting test?	YES	NO
7.	Have you suffered from a cold or flu within the last week?	YES	NO
8.	Do you have any respiratory problems such as Asthma or Bronchitis?	YES	NO
9.	Are you, or have you recently been pregnant?	YES	NO
10.	Are you presently taking any form of medication? If YES, please state.	YES	NO
11.	Are there any other good physical reasons or conditions not mentioned previously, that would prevent you from participating in a submaximal graded exercise test? If YES, please state,	YES	NO

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **FITNESS SCREENING**

The Instructor is responsible for the safety of the candidate throughout the duration of the fitness screening programme. You must inform the Instructor if you feel unwell at any time. If you have any doubt about your ability to participate in this test, you must inform the Instructor immediately.

Prior to commencing the fitness testing programme, a blood pressure measurement must be taken. Candidates' blood pressure must not exceed:

160 mmHg Systolic

100 mmHg Diastolic

Candidates whose blood pressure exceeds the above figures will not be permitted to commence the programme.

BP recorded: \_\_\_\_\_

Date / time: \_\_\_\_\_

Obtained by (Instructor name): \_\_\_\_\_

If at any time during the programme, the Instructor feels that as a result of continuing, the candidate is in danger of damaging their health, the programme must be terminated with immediate effect.

**I, the undersigned, state that:**

- a) I have, to the best of my knowledge, no current back injury, or any physical condition that renders me unable to complete this test. I have completed and shared with the instructor the pre-test screening questionnaire.
- b) Should I experience difficulties during this exercise, I will inform the Instructor and abandon the test.
- c) Should the Instructor tell me to stop, I will do so immediately.

**Name of candidate:** \_\_\_\_\_

Signature of candidate: \_\_\_\_\_



# Fitness Test

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ YEARS

Max heart rate = 220 - \_\_\_\_\_ (Age in years) =

x 0.8 =

80% max heart rate

x 0.9 =

90% max heart rate –

**must not exceed this**

Heart rates measured at each point: -

STAGE 1

1	=	<input style="width: 50px;" type="text"/>
2	=	<input style="width: 50px;" type="text"/>
3	=	<input style="width: 50px;" type="text"/>
4	=	<input style="width: 50px;" type="text"/>
5	=	<input style="width: 50px;" type="text"/>

STAGE 2

1	=	<input style="width: 50px;" type="text"/>
2	=	<input style="width: 50px;" type="text"/>
3	=	<input style="width: 50px;" type="text"/>

**TEST COMPLETE: Successful**  **No**

Candidate Signature: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Instructor Qualification: \_\_\_\_\_

Instructor Name & Organisation: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_