Work Capacity Test Administration Report					
Date:	Course Lo	cation:			ft.
Test Administrator:					Temperature: F Relative Humidity: % Heat Stress: L,M,H
Test Administration Support Personnel: First Aid Spec/EMT(s): Course Monitor(s): Lap Counter(s): Timer(s):				Correction: Pack Test sec. Field Test sec. Walk Test sec.	
NAME	1/ HSQ	2/ Consent	3/ Test Level Taken	4/ Passed	5/ Comments
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Y = Yes N = No 2/ Informed Consent form sign Y = Yes N = No 3/ P = Pack F = Field W = W 4/ Y = Yes, N = No, I = Not 0 5/ If "I" indicated in "Pass" columns	ned and in h Valk Completed, lumn, provid	nand? MI = Medica de reason.	REQUIRE	E D FOR ALL	d on file? REQUIRED FOR PACK TEST L WORK CAPACITY TESTS and medical attention provided.
					March 2002