



**RIDER VENTURES LTD**  
**WILDFIRE AND FLOOD PROTECTION**  
 (778) 212-5567 | www.riderventures.ca

Recognized Training Providers  
 and Approved Contract Crews with  
 The Province of BC

Rider Ventures is registered  
 and in good standing with  
 WorkSafe BC



**RIDER VENTURES LTD – Wildfire and Flood Protection**  
**Type 2 and 3 Wildland Fire Fighter WFX-FIT Fitness Test and Job Responsibilities**  
**Physicians Release Form**

To the Physician or Certified Exercise Physiologist (CEP):

RE: \_\_\_\_\_  
 (Name of Applicant)

The above applicant may apply for or return to the job of Type 2 or 3 Wildland Fire Fighter or other forestry related services. The applicant is required to successfully complete the *Canadian Physical Performance Exchange Standard for Type 2 and 3 Wildland Fire Fighters (WFX-FIT) Fitness Test* as described below. Rider Ventures requires the applicant to provide a *Physician’s Release Form* at the applicant’s expense to determine whether they are fit to undergo the physical testing and perform the job responsibilities of the position on an ongoing basis after the date of this release form.

The components of the WFX-FIT circuit include:

1. Carrying a medium pump 28.5 kg (62.7 lb) on the back for 160 m (524.9 ft) while traversing a 1.22 m (4 ft) 35 degree ramp every 20 m (65.6 ft).
2. Carrying the same medium pump in the hands 80 m (262.4 ft) without traversing the ramp.
3. Picking up and carrying a hose pack 25 kg (55 lb) on the back for 1 km (3,281 ft) while traversing the ramp every 20 m (65.6 ft).
4. Dragging a weighted sled (calibrated to require 18.5 kg [40.7 lb] of force to move) a distance of 80 m (262.4 ft) on level ground.

The WFX-FIT is a timed circuit. All four components must be tested together and take the applicant no more than 14 minutes and 17.34 seconds to complete. Participants will be subject to continued and increasingly physical exertion over the course of the WFX-FIT test circuit and may experience maximal heart rate and stress being placed on the cardiovascular system.

**The maximum resting blood pressure allowed for an individual to take the test is 144/90 mmHg.**

Type 2 and 3 Wildland Fire Fighters suppress wildland fires typically occurring on varying terrain. They routinely work long, hard, and stressful hours with little rest. They work in hot smoky conditions, often in remote situations for several days and sometimes at high elevations. Heavy loads are carried long distances often over difficult terrain.

To minimize the chance of precipitating a major cardiovascular event, we are requesting that the applicant be examined to determine their risk potential. This examination is also required to assess any illness or non-work-related injury that the employee may be recovering from.





**RIDER VENTURES LTD**  
**WILDFIRE AND FLOOD PROTECTION**  
 (778) 212-5567 | www.riderventures.ca

Recognized Training Providers  
 and Approved Contract Crews with  
 The Province of BC

Rider Ventures is registered  
 and in good standing with  
 WorkSafe BC



**RIDER VENTURES LTD - Wildfire and Flood Protection**  
**Type 2 and 3 Wildland Fire Fighter WFX-FIT Fitness Test and Job Responsibilities**  
**Physicians Release Form**

For Physician or CEP use:

In addition to your usual examination we request your assessment of the applicant with respect to factors which may place them at risk during this maximal test:

1. Hypertension with possible causative factors
2. Diabetes Mellitus
3. Persons with known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, dizziness
4. Individuals with low fitness levels
5. Acute systemic infections including viral respiratory infections
6. Muscular and/or skeletal problems which may affect physical performance
7. Any other areas of concern: \_\_\_\_\_

In my opinion the applicant is: **FIT** \_\_\_\_\_ **or NOT FIT** \_\_\_\_\_ to partake in the WFX-FIT test and perform the job functions of a Type 2 or 3 Wildland Fire Fighter on a continuing basis.

Date of last physical examination: \_\_\_\_\_

COMMENTS:

---



---



---

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
*(Signature of Physician or CEP)*

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's / CEP's Stamp

