**WORK CAPACITY TEST RECORD**

Units will document the administration of the WCT to all employees and job applicants. This documentation must be retained until the next WCT is administered. Units may also be requested to provide data from these records to assist in the evaluation of the WCT process.

Privacy Act - No employee may disclose records subject to the Privacy Act unless the disclosure is permitted under 43 CFR 2.56 or to the individual to whom the record pertains. The Privacy Act contains a criminal penalty for unauthorized disclosure of records. (5 U.S.C. 552a)

To be completed by employee:

Name (Last, First): __________________________ Where employed: ________________

Date test taken: _______  Test administered by: (Print Name) ________________

ICS position for which test is required (highest needed) _______________________

Performance level needed (circle one):

- Arduous
- Moderate
- Light

Type of test taken (circle one):

- Pack Test
- Field Test
- Walk Test

<table>
<thead>
<tr>
<th></th>
<th>Pack Test</th>
<th>Field Test</th>
<th>Walk Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pack weight</td>
<td>45 lbs.</td>
<td>25 lbs</td>
<td>None</td>
</tr>
<tr>
<td>Distance</td>
<td>3 miles</td>
<td>2 miles</td>
<td>1 mile</td>
</tr>
<tr>
<td>Time</td>
<td>45 minutes</td>
<td>30 minutes</td>
<td>16 minutes</td>
</tr>
</tbody>
</table>

To be completed by test administrator:

Test result time:

Employee passed test (circle one): Yes / No

I certify that the work capacity test was administered according to agency guidelines.

(Signature of Test Administrator)  (Title)  (Date)