

MAINE ASSOCIATION FOR SEARCH AND RESCUE

Search Team Member Certification Standard Appendix A

Aerobic Fitness Test Record

Name: _____

Unit: _____ Date: _____

Pre-Test Questions (should be answered before test is administered.)

1) Do you have your doctor's approval to take part in an active physical fitness program such as Search and Rescue? Y / N

Doctor's Name: _____ Date: _____

2) Have you had a physical within the last 3 years? Y / N

3) Are you currently in an active physical fitness program? Y / N

4) Do you have any known physical life-threatening or limiting condition(s)? Y / N

5) Have you had coffee, cigarettes, a meal, or significant exercise in the past two hours? Y* / N

6) Have you had any debilitating illness, such as the flu, within the past several weeks? Y* / N

* If the answer is Yes to question 5 or 6, then this test must be rescheduled.

The tester shall read the following to each applicant for testing:

If at any time during the test you experience nausea, extreme fatigue, breathlessness, pounding in your head, or chest pain, stop the test and tell the tester.

Fitness Test Results

Only one test is required for each individual. The result for that test should be circled below. Use the form on page 2 for entering data and determining test results.

1.5 Mile Run (Appendix A, Sec. IV A) Pass/Fail

1 Mile Walk (Appendix A, Sec. IV B) Pass/Fail

Field Test (Appendix A, Sec. IV C) Pass/Fail

Individual Tested: _____
Signature

Test Administrator: _____
Printed Name

Signature

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1.5 Mile Run Test Data and Results

Age: _____ Sex: _____ Time: _____

Pass: _____ Fail: _____ (For scoring refer to Appendix A, Section IV, A, 3, a)

1 Mile Rockport Walk Test Data and Results¹

<u>Data type</u>	<u>Input</u>	<u>Multiply by</u>	<u>Result</u>
Initial Value			+132.853
Weight	_____ Pounds	(-0.0769)	- _____
Age	_____ Years	(-0.3877)	- _____
Walk Time	_____ Decimal minutes	(-3.2649)	- _____
Post-Test Pulse*	_____ Beats per minute	(-0.1565)	- _____
* Taken immediately upon completion of walk			
Sex Correction factor ..	_____ 0 for females; 1 for males	(+6.315)	+ _____

VO₂ max (Total values above) _____

Pass: _____ Fail: _____ (For scoring refer to Appendix A, Section IV, B, 3, b)

Field Test Data and Results

Pack Weight: _____ lb. Weighed by: _____
Print name

Walk time: _____ Timer's name: _____
Print name

To pass, pack weight must be **25** lb. and time must be **30** minutes or less

Pass: _____ Fail: _____

¹ Data may also be entered into an on-line Rockport 1-Mile Walk Test calculator and the output entered in the space for "VO₂ max" above.