Gallatin County Work Capacity Test
Administration Report

Date: _____ **Course Location**:_____ **Elevation**: _____ft.

Test Administrator:_____ **Temperature**:_____ F
Relative Humidity:_____%
Heat Stress:_____L, M, H

Test Administration Support Personnel: **Correction**:

EMT/EMR(s):_____ **Arduous Test**: _____ sec.
Course Monitor(s):_____ **Moderate Test**:_____ sec.
Timer(s):_____ **Light Test**:_____ sec.
Lap Counter(s):_____

NAME	1. HSQ	2. Informed Consent	3. WCT Level Taken	4. Passed	5. Comments

1. Clearance obtained to take indicated level of WCT through either the Health Screening Questionnaire or medical exam process? **REQUIRED FOR ALL LEVELS OF WORK CAPACITY TESTS**
Y = Yes **N** = No

2. Informed Consent form signed and in-hand? **REQUIRED FOR ALL LEVELS OF WORK CAPACITY TESTS**
Y = Yes **N** = No

3. **A** = Arduous **M** = Moderate **L** = Light

4. **Y** = Yes **N** = No **I** = Incomplete **MI** = Medically Injured

5. If "**I**" indicated in Pass column, provide reason
If "**MI**" indicated in Pass column, describe injury type, location on body and medical attention provided

2022