



# Ontario Fire Administration Inc. Pre-Assessment Guide Swim Test

Thank you for registering your assessment with Ontario Fire Administration Inc. This guide has been provided to you to help prepare you for the OFAI Swim Test.

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## About the Swim Test

The Swim Test consists of the following two consecutive tests:

1. Tread water, unassisted, for ten (10) consecutive minutes. Candidates must remain vertical and keep their heads completely above water.

Failure for Tread Water: If the candidate cannot tread water for 10 consecutive minutes, touches the pool wall, ropes, or anyone around them, floats on their back, submerges underwater or starts swimming

2. Swim 100 meter (4 lengths of the pool) using any combination of strokes. Candidates must keep making progress toward the end(s) of the pool. Time limit: 5 minutes

Failure for 100 meter swim: Candidate will fail if they tread water, stand up in the pool or grab (a push-off is OK) the end or side of the pool, the first time you will receive a warning and the second time you will receive a failure. Automatic failure if the 5 minute time limit is exceeded.

**Important. Avoid eating or drinking (other than a small amount of water) for at least 2-3 hours prior to this test. DO NOT drink coffee (no caffeine) or alcoholic beverages 12 hours prior to your evaluation. Avoid any exercise 4 hours prior to this evaluation or intense exercise for 24 hours prior to testing. Ensure you use the restroom before participating in this test.**

### Pre-appraisal screening

All candidates will participate in the pre-appraisal screening before continuing with the Swim Test. A series of questions will be asked by the evaluator. In addition, the **OFAI Medical Questionnaire**, and if required, the **OFAI Medical Clearance Form**, must be completed to identify those candidates for whom certain physical activities might be inappropriate. **Please Note:** Candidates who are pregnant should obtain medical clearance before

registering and participating in the Swim Test. Please contact the OFAI Administration office for more information.

Candidate's heart rate and blood pressure are measured prior to proceeding. Candidates will not be permitted to participate in the Swim Test if their resting heart rate exceeds 100 beats per minute. The last component of the pre-appraisal screening involves measuring the candidates resting blood pressure. Resting blood pressure will be measured using a sphygmomanometer and stethoscope. Candidates will not be permitted to participate in the Swim Test if their resting systolic blood pressure measurement is greater than 140 mm Hg and/or their resting diastolic blood pressure is greater than 90 mm Hg. Candidates are given three blood pressure readings. If after the first measurement, you may be asked to rest and come back in a specific time. If after the third reading and your blood pressure is still high, you will not be able to participate in the Swim Test that day. Please contact the OFAI Administration office to re-schedule your Swim Test at 905-426-6756. If you do not pass your pre-appraisal screening, this is not considered a fail, it is just not safe to proceed with the Swim Test and alternative arrangements can be made.

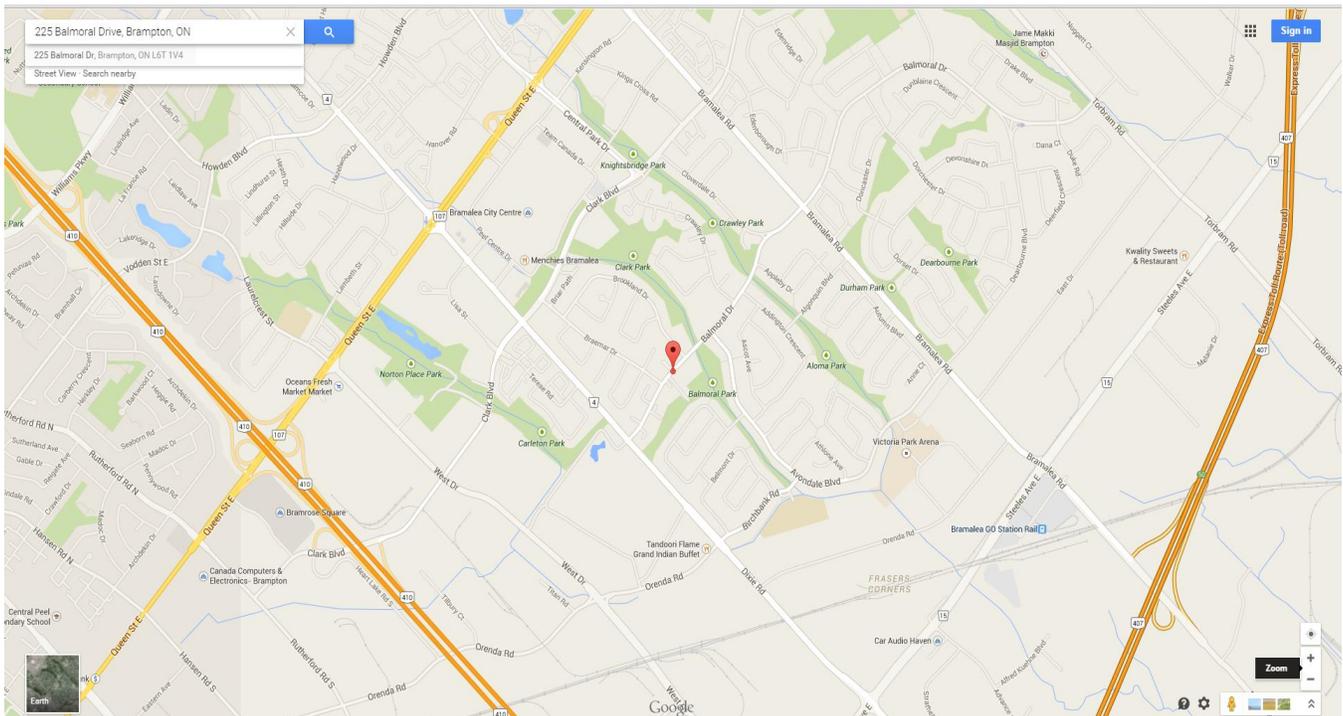
## Location

This assessment will be proctored by OFAI staff at:

### **Balmoral Recreation Centre**

225 Balmoral Drive  
Brampton, ON L6T 1V4

**ALL QUESTIONS REGARDING YOUR ASSESSMENT SHOULD BE FACILITATED THROUGH THE ONTARIO FIRE ADMINISTRATION INC OFFICE.**



## Swim Test Validity

The Swim Test is valid for 12 months.

## Candidate ID

All candidates are given a unique ID when registering for an assessment. This unique number will not change and will remain as your personal identifier. Do not share this number with anyone. The OFAI refers to this identification number when reviewing results, for generation of certificates and to provide municipalities with verification of validity.

## What to Bring on your Swim Test Day

- Government issued identification
- Confirmation of registration
- Water and a light snack (for after the assessment)
- Swim Suit and Towel
- OFAI Medical Questionnaire and, if required, the OFAI Medical Clearance Form

## Check-In

Please ensure you arrive at least 15 minutes prior to your assessment start time. This will allow you enough time to check-in, hand in your required forms and use the restrooms.

Once you arrive at Balmoral Recreation Centre, you will be required to check-in. You will be required to show your identification and/or registration confirmation and sign your name on the class list.

It is the responsibility of the candidate to ensure they have registered for the correct date/time. If you are not on the check-in list, you must contact the OFAI administration office immediately.

**It is recommended that you confirm your appointment 24 hours in advance of your assessment.**

**Any questions should be facilitated through the OFAI Administration Office.**

**If you are late, you may be denied entry into this test. This is at the discretion of the OFAI staff.**

## What to expect when you arrive for the Swim Test

1. You will be **required** to hand in two forms:
  - a. **OFAI Assumption, Waiver, Release and Indemnity Agreement** – This form has been provided in this guide (see forms at the end of this document). **Please READ, PRINT and SIGN the OFAI Assumption, Waiver, Release and Indemnity Agreement in full before you arrive for your assessment.** If you have any questions in regards to the OFAI Assumption, Waiver, Release and Indemnity Agreement, please contact the OFAI administration office at 905-426-6756 or email us at [info@ofai.ca](mailto:info@ofai.ca).
  - b. **OFAI Medical Questionnaire** – This form and the **OFAI Medical Clearance Form** are provided in this guide. (See forms at the end of this document). The **Medical Questionnaire** will tell you whether it is necessary for you to consult your physician before participating further in the Ontario Fire Administration Candidate Testing Program. If you answer “**Yes**” to any questions on the **Medical Questionnaire**, you are not permitted to participate in candidate testing without **medical clearance**. You are required to see a physician and present your **Medical Questionnaire**, along with the **Physician Information Booklet** (<http://www.ofai.ca/registration-information/forms>) and **Medical Clearance Form** for the physician’s review and completion. You must produce the completed **Medical Clearance Form** at the time of your Swim Test in order to be allowed to participate. The **Medical Questionnaire** and **Medical Clearance Form** remain valid for six months from date of completion. You are required to present the form(s) at each assessment. If you medical status changes prior to the six month expiry, you will be required to complete new a **Medical Questionnaire** and/or **Medical Clearance Form**.

## Important Notes and Information

This document is a guide to assist and prepare you for your Swim Test. Some of the information contained in this guide may change once on-site. Please ensure you follow your evaluator's/lifeguards instructions. In the case of a technical problem, the evaluator/lifeguard will handle each situation on a case-by-case basis. If there is a wide-spread error your test may be required to be re-scheduled. This will be determined at the discretion of the evaluators/lifeguards.

## Certificates

Upon successful completion of the Swim Test, your certificate will be uploaded to your online account within two to four business days.

## Re-Test Policy

If you are not successful and fail the Swim Test, you may book a re-test on the next available Swim Test date.

## Grievances

All grievances are handled through the OFAI administration office. Please do not approach a pool staff member, evaluator or lifeguard with your grievance. You can retrieve a grievance form from the OFAI administration office or download it from the OFAI website <https://www.ofai.ca>. All grievances are handled in a timely manner by management.

## Questions

If you have any additional questions not covered in this guide, please contact the OFAI office.

**Phone:** 905-426-6756 **Fax:** 905-426-3032 **Email:** [info@ofai.ca](mailto:info@ofai.ca)

## Forms

Continued on next page.

# Ontario Fire Administration Inc.

## Firefighter Candidate Testing

### Medical Questionnaire



*Must be completed by all candidates prior to testing. Please bring two copies to your assessment.*

Please read the eight (8) questions below carefully and answer each one honestly: check YES or NO.		YES	NO
1.	Has your doctor ever said that you have a heart condition OR high blood pressure?	<input type="radio"/>	<input type="radio"/>
2.	Do you have shortness of breath or other trouble breathing or have you been diagnosed with any disease or structural problem of the lung or respiratory tract? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure, Chronic Nasal Obstruction, Sleep Apnea, etc.	<input type="radio"/>	<input type="radio"/>
3.	Do you feel pain in your chest at rest, or when you do physical activity?	<input type="radio"/>	<input type="radio"/>
4.	Do you lose balance because of dizziness or have you lost consciousness in the last 12 months?	<input type="radio"/>	<input type="radio"/>
5.	Have you ever been diagnosed with a chronic medical condition that affects your ability to do physical activity?	<input type="radio"/>	<input type="radio"/>
6.	Are you currently taking prescribed medications for a chronic medical condition?	<input type="radio"/>	<input type="radio"/>
7.	Do you have a current bone or joint problem? For example, knee, ankle, shoulder or other.	<input type="radio"/>	<input type="radio"/>
8.	Are you aware through your own experience or a doctor's advice of any other reason against your participation in physical activity without medical approval?	<input type="radio"/>	<input type="radio"/>

This questionnaire will tell you whether it is necessary for you to consult your physician before participating further in the Ontario Fire Administration Firefighter Candidate Testing Program.

If you answered “**NO**” to the questions above, you can participate in the candidate testing program assessments.

If you answered “**YES**” to any questions on the above questionnaire, you are **not** permitted to participate in the candidate testing assessments **without medical clearance**. You must see a physician and present the “Firefighter Candidate Testing - Medical Clearance Form” for completion. You will be required to produce the completed form at the time of your physical testing appointment.

This “Medical Questionnaire” and the “Medical Clearance Form” (if required) will remain valid for six (6) months from completion. You are required to present the form(s) at each assessment. If your medical status changes prior to the six month expiry, you will be required to complete a new “Medical Questionnaire” and/or “Medical Clearance Form”. All candidates must provide updated forms after the six month validity has passed.

Costs related to the completion of the “Medical Clearance Form” will be the sole responsibility of the candidate.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Evaluator's signature acknowledges that this document has been completed and received.*

**Ontario Fire Administration Inc.**  
**Firefighter Candidate Testing**  
**Medical Clearance Form**



Candidate Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

**CONSENT**

I, \_\_\_\_\_, hereby consent to undergo a medical assessment and any appropriate examinations and/or diagnostic tests for the purposes of determining my fitness to participate in Firefighter Candidate Testing by Ontario Fire Administration Inc. I further confirm that I have provided the assessing physician with:

- A copy of my completed Firefighter Candidate Testing “Medical Questionnaire”
- Firefighter Candidate Testing - Physician Information Booklet

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL FITNESS CERTIFICATION**

By applying the physician’s stamp or signature below, I certify that I have personally assessed the person named above and am of the opinion that he/she is medically fit to undertake firefighter candidate testing by Ontario Fire Administration Inc.

Date : \_\_\_\_\_

PHYSICIAN SIGNATURE / STAMP

A large rectangular area enclosed by a dashed black line, intended for a physician's signature or official stamp.

Ontario Fire Administration Inc.  
520 Westney Road South, Unit 22  
Ajax, Ontario L1S 6W6  
905-426-6756 FAX: 905-426-3032

***You are required to present two copies of this form at every assessment. This “Medical Clearance Form” expires six (6) months from certification date.***