



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.

Contents

About the Swim Test.....	1
Location	2
Swim Test Validity	2
Candidate ID.....	2
What to Bring on your Swim Test Day.....	3
Check-In	3
What to Expect when you arrive for the Swim Test.....	3
Important Notes and Information	3
Certificates	4
Re-Test Policy	4
Grievances.....	4
Questions.....	4
Forms.....	4

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

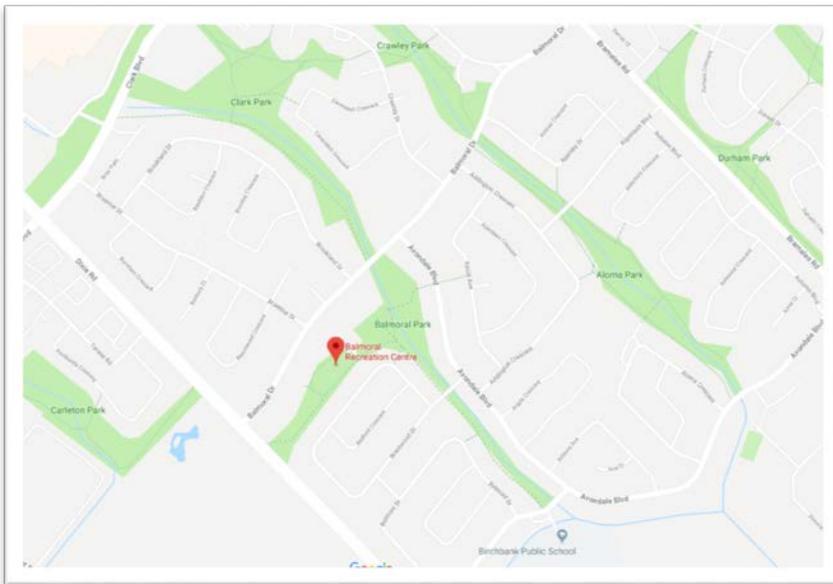
registering and participating in the Swim Test. Please contact the OFAI Administration office for more information.

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.

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

Swim Test Location

Balmoral Recreation Centre, 225 Balmoral Drive, Brampton, Ontario, L6T 1V4



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 Community 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.
 - 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

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 – 2018 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. as outlined in the Firefighter Candidate Testing-2018 Physician Information Booklet.

Date : _____

PHYSICIAN SIGNATURE / 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.



ONTARIO FIRE ADMINISTRATION INC.
ASSUMPTION, WAIVER, RELEASE AND INDEMNITY AGREEMENT
SWIM TEST

In consideration of Ontario Fire Administration Inc. ("OFAI") permitting me, _____, to enroll and
(Printed Name of Participant)

participate in a firefighter candidate testing services Swim Test, I, for myself, my personal representatives, heirs and next of kin, hereby acknowledge and agree to as follows:

Assumption of Risk: I acknowledge that participation in the Swim Test involves the risk of bodily injury, death and property damage together with other risks either not known to me or not readily foreseeable at this time ("**Risks**"). I represent that I understand the nature of the Swim Test and the Risks and that I am in good health and in the proper physical and mental condition to participate in the Swim Test. I am willing and able to participate in the Swim Test. I acknowledge that the Risks may be caused by my own actions, the actions of the Releasees named below or the conditions in which the Swim Test takes place. I agree that if, at any time, I believe my participation in the Swim Test to be unsafe, I will immediately discontinue my participation. I fully accept and assume all of the Risks and all responsibility for any injury, loss, damage, cost or harm of any nature or kind that I may suffer or incur, now or in the future, arising out of or related to my participation in the Swim Test, whether caused by the negligence of the Releasees or otherwise.

Waiver: I waive any and all claims that I have or may have against OFAI, its officers, directors, employees, shareholders, agents, representatives and independent contractors ("**Releasees**"), now or in the future, arising out of or related to my participation in the Swim Test including any claims on account of injury, loss, damage, cost or harm of any nature or kind, whether caused by the negligence of the Releasees or otherwise.

RELEASE: I RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY INJURY, LOSS, DAMAGE, COST OR HARM OF ANY NATURE OR KIND THAT I MAY SUFFER OR INCUR, NOW OR IN THE FUTURE, ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE SWIM TEST, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Indemnity: I agree to indemnify and save and hold harmless the Releasees from any and all liability for any loss, damage, cost or harm of any nature or kind that any third party may suffer or incur, now or in the future, arising out of or related to my participation in the Swim Test, whether caused by the negligence of the Releasees or otherwise.

Severability: I agree that this Assumption, Waiver, Release and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the Province of Ontario and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Confidentiality: The OFAI Swim Test and accompanying materials belong to and are the confidential information of OFAI (the "**Confidential Information**") and are used for the sole purpose of determining whether or not to issue an OFAI Certificate to the Candidate as well as for internal quality assurance and procedure validation.

By selecting this box, I choose to opt out of my data being used for internal quality assurance and procedure validation.

OFAI retains all right, title and interest in and to all of the Confidential Information and all copyrights, trademark rights and other proprietary rights thereto.

The Candidate agrees that the OFAI (i) shall hold the Confidential Information in confidence and take all reasonable precautions to protect it; (ii) shall not use any of the Confidential Information at any time; and (iii) shall not disclose, publish, reproduce or transmit any of the Confidential Information to any third party, in any form, including without limitation, verbal, written, electronic or any other means for any purpose.

OFAI shall pursue all available legal remedies to protect the Confidential Information.

THE CANDIDATE HEREBY AUTHORIZES OFAI TO DISCLOSE THE CANDIDATE'S NAME AND STATUS AS HAVING OR NOT HAVING A THEN CURRENT AND VALID OFAI CERTIFICATE TO ANY MUNICIPALITY THAT MAKES A WRITTEN REQUEST TO OFAI FOR SUCH INFORMATION.

ACKNOWLEDGEMENT OF UNDERSTANDING: I ACKNOWLEDGE THAT I AM 18 YEARS OF AGE OR OLDER AND HAVE READ THIS ASSUMPTION, WAIVER, RELEASE AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP CERTAIN LEGAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW.

PRINTED NAME OF PARTICIPANT:

SIGNATURE OF PARTICIPANT:

PRINTED NAME OF WITNESS:

SIGNATURE OF WITNESS:

DATE:
