

MECKLENBURG EMS AGENCY (MEDIC)

MEDIC PHYSICAL ABILITY TEST

MEDPAT

Mecklenburg EMS Agency
Medic Physical Ability Test (MEDPAT)
Test Description Form

The Medic Physical Ability Test (MEDPAT) is designed to simulate the critical physical tasks performed by Paramedics and EMT's during emergency situations. The MEDPAT consists of ten events performed continuously. You will be timed from the instruction to begin until completing the final event. In addition, Event #8 (Chest compressions) is timed separately. Failure to complete either Event 38 in a designated time of 2 minutes and 15 seconds or to complete the entire MEDPAT in a time of 6 minutes and 35 seconds will result in test failure.

You will be required to wear rubber-soled shoes and long pants while participating in the MEDPAT. You will be provided with (and required to wear) a hard hat.

During the course of the test, you may not run at any time (the penalty for running will be to return to the start of the event where the running occurred).

During the course of the test, the lead proctor will give ongoing instructions to lead you through the course. After reviewing this form, you will have the opportunity to ask questions for clarification of directions.

Event #1: Truck Exit

You will begin from a seated position in the driver's seat of a "Medic Truck". The seatbelt and shoulder harness will be connected and the door will be closed, but not locked. Time will begin at the instruction of "Go". Unbuckle, open the door, step out of the truck and advance to the rear of the truck (the rear doors will be open).

Event #2: Stretcher Lift Simulation

You will lift the 85-pound curl bar from its start position inside the back end of the truck. You will then walk backwards six feet while holding the curl bar, turn 90 degrees to your right and place the curl bar on top of the stair platform. You will then walk to the stretcher.

Event #3: Stretcher Push/Pull

You will push or pull the stretcher a total of 100 feet (50 feet up, 50 feet back) along a carpeted course with 2 x 4's placed under the carpet every ten feet. While pushing or pulling the stretcher, both hands must remain on the stretcher handles (if the stretcher is moved with only one hand in contact, the course must be restarted). You will then walk to the stair platform.

Event #4: Stretcher Stair Carry

Lift the curl bar from the stair platform and walk to the front of stairs while facing away from the stairs. You will then walk backward up the stairs until reaching the platform. Turn 180 degrees and walk backward down the stairs to the floor. Walk to the side of stairs and return the curl bar to the stair platform. You will then walk to the equipment lift station.

Event #5: Equipment Lift and Place

One at a time, lift three bags and one tank from the table and place on the designated location on the floor. The items and floor locations are color-coded (i.e., green to green).

Event #6: Equipment Transfer

Go to one knee, lift first bag/tank (from Event #5), stand, move to the second designated location on the floor (color-coded), go to one knee, place item in designated location. You will then repeat this process for items 2, 3 and 4. If you do not go to one knee while lifting or placing the item, you will be required to repeat that item. Walk to the patient drag station.

Event #7: Patient Drag

You will stand at the head end of a 150-pound simulated patient. Lift the head of the patient off of the floor, drag five feet to a weighted barrel, turn 180 degrees around the barrel, and continue dragging until the entire body of the patient crosses the start line (if the head of the patient is in contact with the floor, the patient may not be advanced). Walk to the chest compressions station.

Event #8: Chest Compressions

You will perform 200 correct chest compressions on a CPR mannequin. The compressions must be completed in a time of two minutes and fifteen seconds or less or the test will be terminated. You will then walk to the stretcher.

Event #9: Stretcher Push/Pull

You will push or pull the stretcher a total of 100 feet (50 feet up, 50 feet back) along a carpeted course with 2 x 4's placed under the carpet every ten feet. While pushing or pulling the stretcher, both hands must remain on the stretcher handles (if the stretcher is moved with only one hand in contact, the course must be restarted). You will then walk to the stair platform.

Event #7: Truck Climb

Pick up the curl bar from the stair platform and return it to the back of the truck. Walk to the side door and climb into the truck (the side door will be open). When the second foot touches down on the truck floor, time is stopped.

I, (print name) _____, have read the test directions for participating in the Medic Physical Ability Test administered by the Mecklenburg EMS Agency. I understand these directions as they have been explained and have been given an opportunity to ask for clarification of any directions.

Signed

Date

Medical Clearance Form (Applicant)
To Participate in a Medic Physical Ability Test
In Consideration for Employment

Patient Last Name (Print)

First Name

MI

To the examining physician

In order to assure candidates for the position of EMT or Paramedic are able to adequately perform the critical tasks associated with the job, it is policy of Mecklenburg EMS Agency that candidates must participate in and pass a job simulation physical ability test (see attached description of test). By signing below, you are indicating that (1) you are familiar with the medical history and current condition of the patient named above, and (2) that in your opinion, the patient should be able to participate in the described test without foreseeable medical danger to himself/herself.

Physician Signature

Physician Name (Print or Stamp)

Address

Date of Examination

Note to Applicant: Bring this completed form with you on your test date. You will not be able to participate if this form has not been completed.

**Medical Physical Ability Test
Applicant Waiver of Claim of Injury**

By signing this form, you are agreeing to voluntarily participate in the physical ability test that has been described to you. This test will be administered by the Mecklenburg EMS Agency. The purpose of this test is to determine whether you do or do not currently possess the minimal physical abilities necessary to perform the job of an EMT or Paramedic.

I understand that the Medic Physical Ability Test requires a high level of physical exertion. I also understand that there is a potential for injury while participating in such a test. I also understand that I may decide to stop at any time during the course of the test. To the best of my knowledge, I am physically able to safely participate in the test. Considering all of these points, I agree to voluntarily participate in the Medic Physical Ability Test as part of my consideration for employment. In addition, I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of my participation.

Last Name (Print)	First Name	MI
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Applicant Signature	Date
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In case of an emergency, I authorize the Mecklenburg EMS Agency to contact:

Name: _____

Address: _____

Telephone: _____