Form 9213-1a
(January 2003)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WORK CAPACITY TEST RECORD

Units will document the administration of the WCT to all employees and job applicants. This documentation must be retained until the next WCT is administered. Units may also be requested to provide data from these records to assist in the evaluation of the WCT process.

The information on the Work Capacity Test Record is considered confidential and must be filed in the employee's medical file. The identity of the individual must be protected.

Solicitation of this information is authorized by Title 5 U.S. Code Section 3301, which provides for a determination of an individual's fitness-for-duty.

The information on this form may be disclosed without your consent as permitted by the Privacy Act (5USC552a(b)) to meet employment and medical requirements.

To be completed by employee:

Name (Last, First):_____ Where employed:_____

Height:_____ Weight:_____

Date test taken:_____ Test administered by:_____
(print name)

ICS position for which test is required (highest needed)_____

Performance level needed (circle one): Arduous Moderate Light

Type of test taken (circle one): Pack Test Field Test Walk Test

Work Capacity Test Descriptions:

	Pack Test	Field Test	Walk Test
Pack weight	45 lbs	25 lbs	None
Distance	3 miles	2 miles	1 mile
Time	45 minutes	30 minutes	16 minutes

To be completed by test administrator:

Test result time:_____

Employee passed test (circle one): yes / no

I certify that the work capacity test was administered according to Bureau guidelines.

_____ _____ _____
(Signature of Test Administrator) (Title) (Date)