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Metabolic Equivalent Testing (MET) Kern County Safety Personnel

FITNESS INCENTIVE – WORK CAPACITY TEST QUALIFICATION FORM

Department: ☐ Fire ☐ Probation ☐ Sheriff /DA Investigators

Employee:	
Position Title & Rank:	SSN or Emp ID:
Physician: Memorial Occ, 3838 San Dimas B100, Bakersfield, CA 93301	
Date of MET Testing:	Physical Exam Date:
Physical Pass/Fail?	

Type of Exam: ☐ Pre-Employment ☐ Academy ☐ Annual
☐ Bi-Annual ☐ Re-Test

- ☐ Treadmill **with** oxygen uptake (Fire, Probation, Sheriff/DA Investigators)
- ☐ Stationary bike **with** oxygen uptake (Fire Only)
- ☐ Treadmill **without** oxygen uptake (Fire Only)
- ☐ Stationary bike **without** oxygen uptake (Fire Only)

<u>MET Level Results</u>	<u>Indicate Score</u>	<u>Retest Date If Applicable</u>
Below 10 METs	_____	_____
10 METs	_____	_____
11 METs	_____	_____
12 METs	_____	_____

Comments:

Medical Examiner Name (printed)

Medical Examiner Signature

Date

Return copies to selected department: ☐ Fire ☐ Probation ☐ Sheriff /DA Investigators

8/28/13

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