

DEFENCE FIRE & RESCUE SERVICE

OPERATIONAL FITNESS ASSESSMENT REPORT

This form may be completed electronically or by hand

Individuals Details

An Operational Fitness Assessment was carried out on the person named below:

Surname		Forenames	
Role Level		Staff/Service No	
Station/Office		Date	
Gender	Male	Female	Contact Telephone number

Fitness Assessment Result

It is confirmed that all aspects listed on DFRMO Form 215 and the standards contained within the Medical Standards for Civilian Fire & Rescue Service Personnel Employed on the MOD Estate, including an Exercise Tolerance Step Test have been assessed. In my opinion the above named:

- a.* Is not suffering from any physical or mental disability that would endanger themselves or others in the full and unrestricted performance of their duties.
- b.* Is temporarily unfit to perform their full and unrestricted range of duties for an anticipated period of (enter period of time). State reasons and, where possible, the duties that can be conducted in the 'Additional Information' box below.
- c.* Is permanently unfit to perform their full and unrestricted range of duties for the reasons stated below.

* Delete as necessary (radio button if using electronic format)

Additional Information

Medical Officers Detail

Name (Block Capitals)		Organisation/Unit Stamp
Qualifications		
Rank/Grade		
Organisation/Station		
Signature		
Date		