

Search and Rescue Council of Walla Walla County  
 Revised 10/20/2007  
 STATEMENT OF PHYSICAL ABILITY FOR SEARCH DUTIES

<u>Name</u>	<u>Birthdate</u>	<u>Classification</u>
(Last, First, Middle)	(Month, Day, Year)	(Trainee, Novice, Support, Field)
<u>Address</u>	<u>Unit Identification</u>	<u>Dept. Emergency Services</u>
		<u>Registration #</u>

<b><u>SECTION A – PHYSICAL LIMITATIONS</u></b>		
Answer the questions below by placing an “X” in the appropriate box		
To the right. If you answer “YES” to any item give additional details in section “D”		
<b>1. Do you have any problem:</b>	<b>Yes</b>	<b>No</b>
a. reading small newspaper print (glasses permitted)?		
b. reading ordinary newspaper headlines without glasses?		
c. seeing distant objects with either eye (glasses permitted)?		
<b>2. Do you have difficulty in distinguishing basic colors (red, green, blue)?</b>		
<b>3. Do you have difficulty in distinguishing shades of colors?</b>		
<b>4. Do you have any hearing problem?</b>		
<b>5. Do you wear a hearing aid?</b>		
<b>6. Do you have any speech impairment which hinders:</b>	<b>Yes</b>	<b>No</b>
a. person to person conversation?		
b. telephone conversation?		
c. talking to groups of people?		
<b>7. Do you have an amputation or abnormality of a leg, foot, arm, hand, and/or finger?</b>		
<b>8. Do you have difficulty in using arms, hands, or fingers for reaching in any direction, grasping, handling, or fingering?</b>		
<b>9. Do you have any disease or disability which would make your volunteer status a hazard to yourself or others?</b>		

<b><u>SECTION B – PHYSICAL ENDURANCE FACTORS</u></b>		
Answer the questions below by placing an “X” in the appropriate box to the right.		
If you answer “NO” to any item, give additional details in section “D”		
<b>During physical activity are you able to normally perform activities involving:</b>	<b>Yes</b>	<b>No</b>
<b>1. Standing for long periods of time?</b>		
<b>2. Some walking on flat surfaces, slight to moderate inclines, climbing stairs?</b>		
<b>3. Frequent walking and/or climbing on uneven terrain and inclines?</b>		
<b>4. Frequent pushing or pulling?</b>		
<b>5. Frequent bending, stooping, and crouching?</b>		
<b>6. Frequent lifting and carrying of objects between 10 to 20 pds.?</b>		
<b>7. Frequent lifting and carrying of objects between 20 to 40 pds.?</b>		

**CONTINUE ON REVERSE SIDE**

**SECTION -C- ENVIRONMENTAL FACTORS**

Answer the questions below by placing an "X" in the appropriate box to the right.

If you answer "NO" to any item, give additional details in section "D"

**CAN YOU WORK UNDER THE FOLLOWING CONDITIONS?**

	Yes	No		Yes	No
1. Outside (Frequently)			10. Some exposure to fumes, smoke, or gases		
2. Severe heat			11. Some contact with solvents, greases and oils		
3. Severe cold			12. Working at ground level		
4. Severe humidity			13. In closed areas (with no fear of)		
5. Severe dampness or chilling			14. Can you work alone		
6. Dry atmospheric conditions			15. Can you work as a team member		
7. Severe noise			16. At altitudes at or above 6,000 feet		
8. Constant noise			17. From a boat (with no fear of water)		
9. Dusty atmospheres			18. Under stress		

**SECTION -D- ADDITIONAL DETAILS**

This space is for detailed answers to sections A, B, and C (Give section letter and item #.

Item #
Item #
Item #
Item #
Item #
Item #
Item #

**SECTION -E- CERTIFICATION BY VOLUNTEER**

I certify that all the information I have furnished is correct to the best of my knowledge and belief.

Volunteer's Signature: \_\_\_\_\_

**Date**  
(month,day,year)

\_\_\_\_\_

**SECTION -F- FOR WWCSO AND SAR TRAINING COMMITTEE ONLY**

<b>Certified volunteer status, per questionnaire: place an X in appropriate box</b>		Active	Inactive
Member Training Committee	Member WWCSO		
X	X		
		Date	