

# Airport Emergency Services Physical Capability Testing



## PRE-TESTING DECLARATION

Surname	Given Name
Title (Mr, Mrs, Ms other)	Date of Birth
Home Address	
Contact Number	
Date and Time of Assessment	
Location	

### IMPORTANT - PLEASE READ BEFORE COMPLETING THIS DECLARATION

Auckland International Airport Company acknowledges that it has a responsibility to protect the health and safety of its employees, and members of the public whilst on Company property and / or undertaking activities on behalf of the Company.

You have been invited to complete a physical assessment in relation to your application for the post of Airport Emergency Services Officer. The details of this assessment are provided with this form.

The aim of the assessment is to confirm whether you have the required level of physical fitness to undertake the tasks and responsibilities of an Airport Emergency Services Officer safely and without risk to yourself or others. The assessment is designed to be safe for individuals if they are physically fit and healthy and have prepared for the assessment.

Before you can complete the assessment; we require confirmation from you that you are free from existing injury; do not have any medical conditions and that you are not taking any medication which could impact on your participation in the fitness assessment and its outcome.

Please answer the following questions honestly and accurately and circle Y or N as appropriate		
Do you have a medical condition that could impact on your completion of the physical assessment	Y	N
Are you recovering from any recent illness	Y	N
Are you taking any medication	Y	N
Do you have any injuries or mobility problems	Y	N

If you have answered yes to any of the above questions, you are required to obtain a certificate from your family doctor confirming that you are deemed medically fit to complete the assessment.

### DECLARATION

I declare that the information that I have provided in this document is true to the best of my knowledge.

I understand that failure to provide information, and /or providing incorrect information may result in any job offer being withdrawn,

Signed.....

Date .....

**Please bring this form to your assessment. You will not be allowed to take part without a copy of a completed form and, if required, a certificate from your family doctor confirming your fitness to partake.**