



# Officer Candidate Swim Test Documentation

Pool Location: \_\_\_\_\_

Day of Week/Date/Time: \_\_\_\_\_

Pool Length: \_\_\_\_\_ Laps Required: \_\_\_\_\_ Maximum Depth of Pool: \_\_\_\_\_

Instructions Read By: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

The minimum standard for the Division of Watercraft pre-employment swim test includes the ability to continuously swim a distance of 300 yards in twelve (12) minutes or less; tread water in the deep end of the pool for five (5) minutes; and perform a head first surface dive to a depth of at least nine (9) feet and retrieve an object. The participant may elect to wear swim goggles during each phase of the test.

## **300 Yard Swim:**

For this portion of the testing, the participant will begin in the shallow end of the swimming pool. The number of laps and/or portion of laps required to equal 300 yards will be communicated to you at the pool side. At the audible start signal, the participant will swim the distance equal to 300 yards and a pass or fail will be recorded.

The participant may employ any desired swimming stroke or combination of swimming strokes for the completion of this assessment. No other swim aids may be used such as a personal flotation device, dive mask, fins or snorkel. The participant may use the end walls of the pool for the completion of turns, but may NOT use the sides or the bottom of the pool for the attainment of rest periods during the event. The participant should make every effort to avoid any contact with the sides and the bottom of the pool during the actual testing portion of this event.

The inability to complete this portion of the test as described will result in a failure being recorded.

## **300 Yard Swim Results:**

Test Administered By: \_\_\_\_\_

Laps Required: \_\_\_\_\_ Laps Completed: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_

**PASS or FAIL (circle one)**

**\* Participant(s) will rest for a minimum of five (5) minutes.**

## **Treading Water:**

For this portion of the testing, the participant may have physical contact with the pool edge at the start of this assessment. At the audible start signal, the participant will disassociate from the pool edge and tread water in the deep end of the pool for five (5) minutes. Treading water is defined as pumping your arms and/or legs,

maintaining an upright position, and keeping your head above water. Floating, drown-proofing, and bobbing are NOT permitted.

The participant may NOT use the edges or bottom of the pool for the attainment of rest periods. A stopwatch will be used to measure the five (5) minute time. A pass or fail will be recorded.

The inability to complete this portion of the test as described will result in a failure being recorded.

### Treading Water Results:

Test Administered By: \_\_\_\_\_

Elapsed Time: \_\_\_\_\_ Water Depth: \_\_\_\_\_ **PASS or FAIL (circle one)**

**\* Participant(s) will rest for a minimum of two (2) minutes.**

### Head First Surface Dive:

For this portion of the testing, the participant may have physical contact with the pool edge at the start of this event. At the audible start signal, the participant will disassociate themselves from the pool edge, tread water, perform a head first surface dive to a depth of nine (9) feet and retrieve an object.

You will have a maximum of three attempts to retrieve the object from the bottom of the pool. The inability to complete this portion of the test as described will result in a failure being recorded.

### Head First Surface Dive Results:

**Attempt-1: Pass or Fail**

**Attempt-2: Pass or Fail**

**Attempt-3: Pass or Fail**

Test Administered By: \_\_\_\_\_

Water Depth: \_\_\_\_\_ **PASS or FAIL (circle one)**

**I acknowledge that this information is a true and accurate representation of events occurring this date:**

Participant Signature: \_\_\_\_\_

Test Administrator Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_



# AGREEMENT/ACKNOWLEDGEMENT FOR PRE-HIRE TESTING

## *PHYSICAL FITNESS STANDARDS/SWIM TESTING*

I, \_\_\_\_\_, agree to participate in the Ohio Department of Natural Resources **Physical Fitness and/or Swim Testing**. I understand that these tests are part of the minimum qualifications for employment in the applied position and that failure to complete or properly follow directions will eliminate me from the hiring process.

I agree to abide by the instructions set forth by the Ohio Department of Natural Resources testing site coordinators and instructors.

I certify that I am in reasonably good health and that I am able to participate in this activity without adversely affecting my health. I will also notify the testing site coordinators of any condition that may affect my participation and any medication that I am currently taking.

I acknowledge that physical exercise and exertion involve inherent health risks, including injury and even death, and that I am voluntarily participating in the Ohio Department of Natural Resources' Pre-employment Physical Fitness and/or Swim Testing and expressly agree to assume all risks of accident, injury, death, or property damage of any kind sustained in association with my participation in such fitness activities, physical exercise, or exertion.

In consideration of being allowed to participate in the Ohio Department of Natural Resources' Pre-employment Physical Fitness and/or Swim Testing, I hereby waive, release, and forever discharge the Department and its employees, officers, and agents from any and all liability for personal injury, death, or property damage of any kind sustained in association with my attendance and participation in the above mentioned Testing, whether such personal injury, death, or property damage is caused by the negligence of the Department or its employees, officers, agents, or otherwise.

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**PHONE NUMBER(s):** \_\_\_\_\_

\_\_\_\_\_ Check here if you are a weak swimmer.

\_\_\_\_\_ Check here if on medication or have health problems which may affect participation (**please list below your health problems or medication**).

\_\_\_\_\_  
\_\_\_\_\_

**Verification Document Presented:**

State-issued Operator's License (Specify State) \_\_\_\_\_

State-issued Identification Card (Specify State) \_\_\_\_\_

United States Passport

U.S. Military Card

Unexpired Foreign Passport

Alien Registration Card with Photograph

\_\_\_\_\_  
**Participant Signature**

**Date**

**Date of Birth**

**Age**

\_\_\_\_\_  
**Fitness Specialist Signature (or other trained Test Administrator)**