Gerkin Protocol Worksheet
County of L.A.

Name:_____

Employee #:_____ Age:____ Date::_____

Pre-Exercise	HR	BP	Notes
Supine			
Standing			

Stage	Total Time (min)	Speed (mph)	% Grade	HR	BP	Notes	Firefighter Fitness Category
0	1:00	3.0	0				Inadequate: Insufficient aerobic capacity to sustain arduous firefighting tasks such as stair climbing for more than 3 minutes <11 minutes
	2:00	3.0	0				
	3:00	3.0	0				
1	4:00	4.5	0				
2	5:00	4.5	2				
3	6:00	5.0	2				
4	7:00	5.0	4				
5	8:00	5.5	4				
6	9:00	5.5	6				
7	10:00	6.0	6				
8	11:00	6.0	8				Marginal
9	12:00	6.5	8				Recommended
10	13:00	6.5	10				
11	14:00	7.0	10				>14 minutes Desirable: Capable of sustaining the most arduous firefighting tasks indefinitely with an ample margin of reserve
12	15:00	7.0	12				
13	16:00	7.5	12				
14	17:00	7.5	14				
15	18:00	8.0	14				
16	19:00	8.0	16				
Recovery	0:00	3.0	0				
	1:00	3.0	0				
	2:00	3.0	0				
	3:00	Sitting or Supine					
	4:00						
	5:00						

Test terminated at_____ of exercise. Max. wkld.= _____mph @_____% grade for _____sec.

Predicted VO2max=_____ml/kg/min. Percentile for age_____ FF category_____

Reason for termination/comments_____

_____

_____

Required Signatures:

Technician_____ Supervising MD_____ Cardiologist_____

Revised 1/1/10