



**CANADIAN FORCES FIRE MARSHALL'S FIREFIGHTER  
PRE-ENTRY FITNESS EVALUATION**

**APPOINTMENT INFORMATION**

I am registering for:  WINNIPEG FIRE PARAMEDIC SERVICE  BRANDON FIRE EMERGENCY SERVICES

1ST CHOICE: Date/Time \_\_\_\_\_ 2ND CHOICE: Date/Time \_\_\_\_\_

**U OF M USE ONLY**

FORMS: Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Data Entered by \_\_\_\_\_

Registration  Release & Indemnity  PAR-Q

PAYMENT Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Processed by \_\_\_\_\_

TEST DATE \_\_\_\_\_ TEST TIME \_\_\_\_\_ Phone Confirmation By \_\_\_\_\_ Date \_\_\_\_\_