

**WORK CAPACITY TEST PARTICIPANT COMMENTS (Optional)**

• TEST LOCATION \_\_\_\_\_

• Date of Testing: \_\_\_\_\_  
                                    (Month)                    (Day)                    (Year)



*Instructions: Write your comments about the test session you participated in the space above. If you need additional space for comments use the back of this page. You do not have to sign this form if you do not want to. Please return this form to the WCT Administrator.*

*NOTE: Comments may be used for upwards reporting or unit/Forest summary.*