



## **COPAT (Correction Officer's Physical Abilities Test) Medical Examination Report and Opinion**

Dear Physician,

**Name of applicant requesting medical examination:** \_\_\_\_\_

The person who has made this appointment with you is seeking a medical report and opinion to undergo the Corrections Officers' Physical Abilities Test (COPAT). The test is designed to simulate and measure a corrections officer's physical ability in response to a critical incident with the intent on controlling the subject. The test was developed by exercise physiologists and is designed based on their findings. The research in the design simulates a quick response to a critical incident that may involve intense heavy work.

The test is conducted in a gymnasium and consists of running 50 meters (164 feet), which includes direction change, climbing up and down stairs (6 cycles), jumping over low obstacles, pull/push on heavy weights up to 22.7 kg (70 lbs), jumping over a .91m (3 foot) vault rail 9 times and then carrying a torso bag 36.2 kg (80 lbs) for 50 meters (164 feet).

It was found that most participants in pursuit of their fastest timed result experience maximal heart rate during this test. This indicates a brief (3:20 minutes) with maximal stress being placed on the cardiovascular system. To minimize the chance of this precipitating a major cardiovascular event, we request an examination to determine risk potential. Your assessment should also include other factors which may place the applicant at-risk during this test. These may include but are not limited to the following:

1. Hypertension with possible causative factors.
2. Diabetes Mellitus.
3. Persons with known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, and dizziness.
4. Individuals with low fitness levels.
5. Acute systemic infections including viral respiratory infections.
6. Muscular and/or skeletal problems which may affect physical performance or present long-term limitations on the person.
7. Any other areas of concern

In signing this form with the date and stamp, you are providing medical clearance for this person to participate in the COPAT assessment. Please provide an original copy to the patient and keep a photocopy of the form on the patient's medical file if you require. Please provide the original copy of this form is a requirement and will be used as proof that the applicant has been medically cleared to undergo the PARE. Should you require further information regarding the COPAT, please contact the Canadian Criminal Justice Academy at- Email: [admin@ccja.ca](mailto:admin@ccja.ca) or Phone: 403-801-7512



CANADIAN CRIMINAL  
JUSTICE ACADEMY

Resting Heart Rate: \_\_\_\_\_

Resting Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

**In your opinion this person able to participate in the Corrections' Officers Physical Abilities**

**Test?**

**Yes**

**No**

\_\_\_\_\_  
(Print Name of Medical Doctor)

\_\_\_\_\_  
(Signature of Medical Doctor)

\_\_\_\_\_  
Date (yyyy/mm/dd)

**Please Return Signed Form to Applicant**