



PARE (Physical Abilities Requirement Evaluation) Medical Examination Report and Opinion

Dear Physician,

Name of applicant requesting medical examination: _____

The person who has made this appointment with you is seeking medical clearance to undergo the Physical Abilities Requirement Evaluation (PARE). The test is designed to simulate and measure a police 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 400 meters (1312 feet), pulling/pushing on heavy weights 32 Kg (70 lbs), and carrying 36.4 kg (80 lbs) for 15 meters (50 feet). Physical endurance is tested during this course by including a stepping stage (five steps each side) and a vaulting stage of 3 feet. These stages are each repeated six times with a push/pull and standing-then-prone stage that is completed at the end of the six cycles of the course.

It was found that most participants in the pursuit of their fastest timed result experience maximal heart rate during this test. This indicates a brief (up to 4:15 minutes) with maximal stress being placed on the cardiovascular system. To minimize the chance of precipitating a major cardiovascular event, we are requesting that this person be examined to determine the applicant's risk potential. Your assessment should also include other factors which may place the applicant at-risk during this test. These factors 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 PARE assessment. Please provide an original copy to the patient and keep a photocopy of the form on the patient's medical file if required. 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 PARE, please contact the Canadian Criminal Justice Academy at- Email: admin@ccja.ca or Phone: 403-801-7512



Resting Heart Rate: _____

Resting Blood Pressure: _____ / _____

In your opinion this person able to participate in the Physical Abilities Requirement Evaluation Test?

Yes

No

(Print Name of Medical Doctor)

(Signature of Medical Doctor)

Date (yyyy/mm/dd)

Please Return the Signed Form to Applicant