

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

Physician: \_\_\_\_\_

Name and address of applicant requesting medical examination (please print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This person is an applicant to, or member of Solicitor General and Public Security, Sheriffs Branch. He/she is required to perform a physical activities requirement evaluation. The test is designed to simulate and measure an Officer's physical ability to respond to a critical incident and apprehend or potentially control a prisoner/suspect. The test was developed by exercise physiologists and is based on their findings. Their research has identified that the usual physical components of a response to a critical incident may involve quick action in getting to the problem, intense heavy work resolving the problem and removing the problem.

The test is conducted in a gymnasium and consists of running 350 meters (385 yards) pulling heavy on heavy weights 32 Kg. (70 lbs.) and then lifting and carrying 36.4 kg. (80 lbs.) 15 meters (50 ft.). Physical endurance is tested during this course by the inclusion of a stepping stage (five steps each side), a vaulting stage (3 ft.). These stages are each repeated six times within the drill. A push/pull and standing/prone stage is completed at the end of the six rotations of the course.

It was found that most participants of the test experience maximal heart rate during the test. This indicates a brief (up to 4 minutes and 15 seconds) but maximal stress being placed on the cardiovascular system. To minimize the chance of the precipitating a major cardiovascular event, we are requesting that this person be examined to determine his/her employment and test risk potential.

In addition to your usual examination we request your assessment of this person with respect to factors which may place him/her at risk during this maximal test or peace officer related duties. 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, 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 persons;
7. Any other areas of concern

Resting Heart Rate: \_\_\_\_\_ / \_\_\_\_\_ Resting Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

**In your opinion is this person at risk in completing a Physical Activities Requirement Evaluation?**

Yes       No

\_\_\_\_\_  
Signature of Medical Doctor

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

**Note: Please return this form to applicant.**