

## MEDICAL EXAMINATION REPORT AND OPINION

Dear Doctor:

Name and address of person requesting medical examination:

(Name): \_\_\_\_\_ (Address): \_\_\_\_\_

Department applied for: **POLICE SERVICE**

This person is an applicant to, or member of, a Police, Corrections or Sheriffs department. He/she is required to perform a Peace Officers' Physical Abilities Test (POPAT). 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 research findings. Their research has identified that the usual physical components of a response to a critical incident may involve quick action including various motor skills while simulating **getting to a problem, intensive heavy work resolving the problem** and then **removing the problem**. The test is conducted in a gymnasium and consists of running 400 meters (1/4 mile) which includes climbing up and down stairs, jumping over low obstacles and pushing and pulling on heavy weights (50 to 80 lbs. - 22 to 37 kg.) and then lifting and carrying (depending on the test) between 32 - 45 kg. (70 - 100 lbs.) 15 meters (50'). It was found that most participants of the test **experience maximal heart rate** during the test. This indicates a brief (up to 4:45 minutes) but 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 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 **future** peace officer related duties:

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 person;
7. Any other areas of concern: \_\_\_\_\_

IN YOUR OPINION:

**1) Is this person safe to complete a Peace Officer's Physical Abilities Test? YES [ ] NO [ ]**

Comments: \_\_\_\_\_

**2) Considering the fact that an applicant's typical response prior to maximal testing may include fear and anxiousness due to anticipation:**

**Does the above stated applicant remain safe to perform POPAT testing if resting blood pressure and/or resting heart rate values exceed 144/94 mmHg or 100 bpm, and all signs of chest, arm, neck and jaw pain, light headedness, fainting, and shortness of breath are absent? YES [ ] NO [ ]**

Comments: \_\_\_\_\_

**NOTE:** Please give this form to the person for return to the Regina Police Service.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Signature of Medical Doctor

