Assiniboine College

Public Safety
Medical Examination Report

Name: _____

Address: _____ City: _____Prov: _____ Postal Code: _____

Dear Doctor:

This person is an applicant to the Public Safety program at Assiniboine College. He/she will be required to perform a Police 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 in getting to the 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 (80 lbs.-45 kg) and then lifting and carrying (depending on the test) between 32-45 kg (70-100 lbs.) 15.24 meters (50 feet). It was found that most participants of the test experience maximal heart rate during the test. This indicates a brief (up to 4 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: _____

Physician's Certification	
❑ In my opinion this individual is **FIT** to undergo the **Police Officers/ Physical Abilities Test**	❑ In my opinion this individual is **NOT FIT** to undergo the **Police Officers/ Physical Abilities Test**
Comments:	
Physician's Signature:	Date:
Physician's Address:	

Assiniboine College
POPAT Release Form

WHEREAS_____ (hereinafter called the "Releaser") has
(Applicant name)
applied for admission as a student in the Public Safety program (hereinafter called the "program") with Assiniboine College

AND WHEREAS all applicants, as a condition of being considered for admission as a student in the program, must undergo and successfully complete physical ability and job related testing (hereinafter called the "testing")

AND WHEREAS the Releasor has agreed to undergo such testing

NOW THEREFORE THIS RELEASE WITNESSETH AS FOLLOWS:

The Releasor does hereby release, remise and forever discharge Assiniboine College, its Governors, employees, servants and agents (hereinafter called the Releasees") of and from all manners of claims, actions, causes of action, suits, debts, duties, accounts, bonds, covenants, contracts and demands whatsoever and/or proceedings for any loss, damage, personal injury, and/or compensation which the Releaseor, his/her heirs, executors, administrators and assigns can, shall or may hereafter have which may arise out of, be connected with or be in any way or manner attributable to the Releasor's participation in the testing and/or to any act or omission, including any neglect and/or unintended act or omission, of the Releasees which the Releasor now has or may have or which the Releasor now has or may have or which the Releasor, his/her heirs, executors, administrators and assigns might hereafter have under any statute or law applicable in, the province of Manitoba.

IN WITNESS WHEREOF the Releasor has hereunto set his/her hand

this_____day of _____, 20_____, in the presence of:

_____ _____
Releasor Witness

Jack Ewatski
Chair, Public Safety
School of Health & Human Services
Assiniboine College
204-725-8700 Ext. 6236