PARAMEDIC PHYSICAL FITNESS TEST

APPOINTMENT INFORMATION

I'm taking the test for the following organization:

- N/A Practice Test
- Interlake Eastern Regional Health Authority
- Prairie Mountain Regional Health Authority
- Southern Health
- Criti Care
- Manitoba Emergency Services College
- Northern Health Region
- Red River College
- Winnipeg Fire Paramedic Service
- Other:

1ST CHOICE: Date/Time ________________
2ND CHOICE: Date/Time ________________

U OF M USE ONLY

FORMS: Date Received ___________ Time Received ___________ Data Entered by ___________

- Registration
- Release & Indemnity
- PAR-Q

PAYMENT Amount $ ___________ Date ___________ Processed by ___________

TEST DATE ___________ TEST TIME ___________ Phone Confirmation By ___________ Date ___________