

Dear Physician,

## Subject: Medical Clearance to Undergo the Physical Abilities Requirement Evaluation

The person who has made this appointment with you is seeking a medical clearance to undergo the Physical Abilities Requirement Evaluation (PARE) as part of their application to become a CBSA officer trainee.

PARE is an occupational physical abilities test directly linked to law enforcement training. It is a maximal exertion test equivalent to an exercise stress test at the 12 MET level.

PARE represents a scenario where an officer must get to the scene of a problem, physically control the situation, and carry a person or an object away from the scene. The test is divided into the following three stations:

- 1. An obstacle course 340 m (1116 ft.) long, including 36 obstacles and 120 stairs.
- **2.** A push/pull station which requires managing a 32 kg (70 lbs.) weight; completing six 180 degree arcs while pushing; performing four controlled falls; and completing six 180 degree arcs while pulling.
- A weight lifting and carrying station which requires lifting and carrying a 36 kg (80 lbs.) bag over a distance of 15 m (50 ft.).

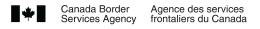
The first two sections (the obstacle course and the push/pull station) are timed. Applicants for the Canada Border Services Agency must complete these two sections in a time of 4:45 minutes or less.

Please complete, sign, date, and stamp the PARE medical clearance form. Please provide original copy to patient and keep a photocopy of the form on the patient's medical file. The original copy 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 Canada Border Services Agency National Recruitment Unit at: <u>National-Recruitment\_recrutement-national@cbsa-asfc.gc.ca</u>.

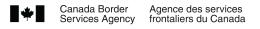
National Recruitment Unit Canada Border Services Agency





## **PARE Medical Clearance - Part 1**

Patient Information					
Surname	Given Name(s)		Age		
Gender Height (cm)	Weight (kg)	Resting Heart Rate	Resting Blood Pressure		
Risk Factors					
Note to Physician					
The Physical Abilities Requirement Evaluation (PARE) is a maximal physical exertion test equivalent to an exercise stress test at the 12 Metabolic Equivalent for Task (MET) level. The following are risk factors to consider when assessing suitability for PARE.					
Section A - For all Individuals - Pulmonary and Musculoskeletal Restrictions					
If yes to any one risk factor in Section A, patient should not unde	ertake PARE.				
Pulmonary obstruction / restriction that would prevent maximal testing.					
Needs to use a short acting inhaler immediately prior to participate in maximal testing. (Short acting inhalers can only be used					
after the test if needed. Long acting or combined innaiers are allowed.)					
	activities of maximal testing.		Yes No		
Section B. For all Individuals. High or Very High Cardiovas	cular Pick Eactors (ATD III 1 &	CMA   2)			
Section B - For all Individuals - High or Very High Cardiovascular Risk Factors (ATP III <sup>1</sup> & CMAJ <sup>2</sup> ) If yes to one or more risk factors in Section B, it is recommended to send the patient to an exercise stress test before clearing for PARE.					
Previous CVA, MI, vascular surgery or any clinical evidence of	•	lise siless lest before cleaning i			
Diabetes 3					
Metabolic Syndrome					
Section C - For Men > Age 40 and Women > Age 50 - Coronary Artery Disease Risk Factors (ACSM <sup>4</sup> & CSEP <sup>5</sup> )					
If yes to two or more risk factors in Section C, it is recommende	ed to send the patient for an exer	cise stress test before clearing	for PARE.		
Family history of premature cardiovascular disease			Yes No		
Cigarette smoking			Yes No		
Hypertension <sup>6</sup>			Yes No		
Dyslipidemia			Yes No		
Abnormal fasting glucose level			Yes No		
Obesity <sup>7</sup>			Yes No		
Physical inactivity			Yes No		
Section D - Exercise Stress Test (when required)					
Clinically positive for ischemia			Yes No		
Electrically positive for ischemia			Yes No		
Number of MET reached (12 MET are required prior to underta	aking PARE)				
Additional tests (if needed, specify)					
Medical References					
1) Detection, Evaluation and Treatment of High Blood Cholesterol in Adul	ts. (Adult Treatment Panel III). Nation	nal Institute of Health. National Hear	t, Lung and Blood Institute.		
2) Recommendations for the Management of Dyslipidemia and the Prevention of Cardiovascular Disease: 2003 update. CMAJ appendix 2003; 168 (9) 921-924.					
3) Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus. Diabetes Care. 2003; 26 (supp 1):S5-S20.					
4) American College of Sports Medicine, Cited in ACSM Guidelines for Exercise Testing and Prescription, Seventh Edition. 2006.					
<ul> <li>5) Canadian Society of Exercise Physiology. Professional Fitness &amp; Lifestyle Consultant. Resource Manual. 2004.</li> <li>6) Canadian Recommendations for the Management of Hypertension (2005)</li> </ul>					
<ul> <li>7) <u>Canadian Guidelines for Body Weight Classification in Adults (2003)</u></li> </ul>					
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BSF758 E Distribution : Part 1 and 2 - Provide original	copy to patient. Keep a photocopy	of the form on the patient's media	<sup>ral file.</sup> Canadă		



## PARE Medical Clearance - Part 2

Patient Information					
Surname	Given Name(s)		Age		
Gender Height (cm)	Weight (kg)	Resting Heart Rate	Resting Blood Pressure		
Female Male Other		Realing rean Kale	Resulty DIOUN Plessule		
Physician's Recommendations		I			
After reviewing Part 1 of the PARE medical clearance and evaluating the following risk factors:					
<ul> <li>Pulmonary Obstruction / Restriction</li> <li>Musculoskeletal Restrictions</li> <li>High or Very High Cardiovascular Risk Factors</li> <li>Coronary Artery Disease Risk Factors</li> <li>Exercise Stress Test to 12 MET, if applicable</li> </ul>					
it is my professional opinion that the above named patient is:					
Medically fit to undertake the Physical Abilities Requirement	Evaluation.				
Not medically fit to undertake the Physical Abilities Requirement Evaluation.					
Comments					
		Physician's stamp			

Physician's signature

Date (yyyy-mm-dd)

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