

PRE-POPAT MEDICAL EXAMINATION REPORT AND OPINION

Dear Doctor:

NAME AND ADDRESS OF PERSON REQUESTING MEDICAL EXAMINATION:

RE: _____

(Print name and address of person)

This person is an applicant to the Port Moody Police Department. He/she is required to perform a peace officer's physical abilities test. 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 of 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, **IS THIS PERSON AT RISK** IN COMPLETING A PEACE OFFICER'S PHYSICAL ABILITIES TEST?

NO, they are NOT at risk

YES, they are at risk

COMMENTS: _____

NOTE: Please give this form to the person for return to the Department.

(Signature of Medical Doctor)

(Date)

Print Name: _____
Print Phone #: _____