



INFORMED CONSENT FOR PARE TESTING, COVID-19 & CONSENT FOR RELEASE OF RESULTS

I, the undersigned, do hereby consent:

- To undergo tests of occupational fitness, the results of which will be used for consideration in the evaluation of my application for employment;
- To perform the PARE The RCMP/CBSA/PPS Physical Abilities Requirement Evaluation (PARE) is an occupational test used to assess a person's ability to perform the physical demands of police and law enforcement work, namely: running, jumping, climbing stairs, vaulting, lifting, carrying, pushing and pulling.
- To do the tests being supervised by a qualified exercise professional who has been trained to administer these occupational fitness assessment protocols.

I understand and agree that:

- I may ask questions or request further information or explanation about the tests;
- There exists the possibility of certain changes occurring during or after my performance of the fitness tests including abnormal blood pressure, fainting, transient light-headedness, leg cramps, muscle strains, nausea, and, in rare instances, heart rhythm disturbances or heart attack;
- I will immediately inform the fitness appraiser/proctor of any unusual pain, discomfort, fatigue or any other symptoms that I incur during or after the testing;
- I may stop any further testing if I so desire and also that the testing may be terminated by the fitness appraiser.

I state that I do not have two or more of the following major coronary risk factors, or if I do, I have received medical clearance before reporting to participate in the PARE:

- Family history of myocardial infarction or sudden death before 55 years of age;
- Currently smoke tobacco e.g. cigarettes;
- Have high blood pressure (equal to or greater than 160/90 mmHg);

initials

- Have diabetes mellitus;
- Have high blood cholesterol;
- Work in a sedentary occupation and am physically inactive.
- I have read, understood and completed the 2019 Physical Activity Readiness Questionnaire (2019 PAR-Q+) and my answers to all questions were "No", or if I answered "Yes" to any questions, I was subsequently cleared for participation in the fitness testing by completing the ePARmed-X+ OR by a Qualified Exercise Professional with advanced specialized training in applied physical activity/exercise sciences OR by my physician who completed the PREP Physical Activity Readiness Conveyance/Referral for that purpose.

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I understand that I am the decision maker for my health care. Part of Police Fit Canada's role is to provide me with information to assist me in making informed choices., I confirm and understand the following: I understand my testing may create circumstances, such as the discharge of respiratory droplets or person-to person contact, in which COVID-19 can be transmitted.

- I understand that I am opting for a physical testing that is not urgent, and that I have the option to defer my physical PARE Testing to a later date.

However, while I understand the potential risks associated with physical testing during the COVID-19 pandemic, I agree to proceed with my PARE physical Testing at this time. I understand due to the frequency of testing with other candidates, the attributes of the virus, and the characteristics of procedures, I may have an elevated risk of contracting COVID-19 simply by being in the college testing facilities at Collège La Cité..

I confirm I am not experiencing any of the following symptoms of COVID-19 that are listed below:

- *Fever *Shortness of Breath *Dry Cough *Runny Nose *Sore Throat *Loss of Taste or Smell

I understand travel increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT in the past 14 days I have not traveled: 1) Outside of Canada to countries that have been affected by COVID-19; or 2) Domestically within Canada by commercial airline, bus, or train. I am informed that you and your staff have implemented preventative measures intended to reduce the spread of COVID-19.

However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by proceeding with this physical PARE Testing. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this physical PARE Testing and give my express permission to the proctors to evaluate my physical condition by allowing me to do the PARE Testing proctored by Police Fit Canada.

initials _____

I have been offered a copy of this consent form.

• I KNOWINGLY AND WILLINGLY CONSENT TO THE PARE PHYSICAL TESTING WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH PHYSICAL TESTING DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION. I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO DO THE PARE TEST FOR CONSTABLES.

I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO BE PHYSICALLY TESTED FOR THE PREP

I, _____, in consideration of my being given the opportunity to participate in the police constable applicant selection process, do hereby release, indemnify and forever discharge Her Majesty the Queen in Right of Canada, Police Fit Canada, Collège La Cité, the RCMP, CBSA, PPS and any other agency requesting me to do the PARE physical Test for employment purposes and all of their respective servants, agents and employees, from any and all actions, cause of action, claims, demands, prosecutions and remedies for any and all damages, losses, injuries, and expenses of any nature or kind howsoever arising out of the fitness testing engaged in by myself as part of the aforesaid constable applicant selection process.

And, for the aforesaid consideration, I further agree not to make any claim or to take any proceedings against any other person or corporation who might claim contribution or indemnity from Her Majesty, Collège La Cité, Police Fit Canada, RCMP, CBSA, PPS and any other agency requesting me to do the PARE physical Test for employment purposes and all of their respective servants, agents and employees, or from any one or more of them. And for the aforesaid consideration I further agree that this Release and Indemnity shall apply to and be binding on my heirs, administrators, executors and assigns and each of them.

_____ Signature of participant	_____ Signature of witness
_____ Print name	_____ Print name
_____ Date	_____ Date

The personal information indicated above is being collected for use in determining your PARE results for employment. You agree to be evaluated and proctored by Police Fit Canada.