



**PARE Medical Clearance - Part 1**

Det. / Unit - For member use only
HRMIS / Applicant ID

**Patient Information**

Surname		Given names		Gender	Date of birth (YYYY-MM-DD)
Height (cm)		Weight (kg)		<input type="radio"/> M <input type="radio"/> F	
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 factors in Section A, patient should not undertake PARE.

Pulmonary obstruction / restriction that would prevent maximal testing.  Yes  No

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 inhalers are allowed.)  Yes  No

Musculoskeletal restrictions that could interfere with strenuous activities or maximal testing.  Yes  No

**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 patient to an Exercise Stress Test before clearing for PARE.

Previous CVA, MI, vascular surgery or any clinical evidence of atherosclerosis  Yes  No

Diabetes <sup>3</sup>  Yes  No

Metabolic Syndrome  Yes  No

**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 recommended to send patient for an Exercise 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 undertaking PARE) \_\_\_\_\_

Additional tests (if needed, specify): \_\_\_\_\_

**Medical References**

- 1) Detection, Evaluation and Treatment of High Blood Cholesterol in Adults. (Adult Treatment Panel III). National Institute of Health. National Heart, 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.
- 5) Canadian Society of Exercise Physiology. Professional Fitness & Lifestyle Consultant. Resource Manual. 2004.
- 6) Canadian recommendations for the management of hypertension (2005) [www.hypertension.ca](http://www.hypertension.ca).
- 7) Canadian Guidelines for Body Weight Classification in Adults (2003) [www.hc-sc.gc.ca/fn-an/nutrition/index-eng.php](http://www.hc-sc.gc.ca/fn-an/nutrition/index-eng.php).



### PARE Medical Clearance - Part 2

Det. / Unit - For member use only
HRMIS / Applicant ID

#### Patient Information

Surname		Given names		Gender	Date of birth (YYYY-MM-DD)
				<input type="radio"/> M <input type="radio"/> F	
Height (cm)	Weight (kg)	Resting heart rate		Resting blood pressure	

#### Physician's Recommendations

After reviewing Part 1 of the PARE Medical Clearance and evaluating the following risk factors:

- Pulmonary Obstruction / Restriction
- Coronary Artery Disease Risk Factors
- Musculoskeletal Restrictions
- Exercise Stress Test to 12 MET, if applicable
- High or Very High Cardiovascular Risk Factors

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

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\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Physician's stamp