



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.
- 3. 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: National-Recruitment_recrutement-national@cbsa-asfc.gc.ca.

National Recruitment Unit
Canada Border Services Agency

PARE Medical Clearance - Part 1

Patient Information				
Surname	Given Name(s)		Age	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	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 undertake PARE.				
Pulmonary obstruction / restriction that would prevent maximal testing.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Musculoskeletal restrictions that could interfere with strenuous activities or maximal testing.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Section B - For all Individuals - High or Very High Cardiovascular Risk Factors (ATP III ¹ & CMAJ ²)				
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 atherosclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Diabetes ³	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Metabolic Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Section C - For Men > Age 40 and Women > Age 50 - Coronary Artery Disease Risk Factors (ACSM ⁴ & CSEP ⁵)				
If yes to two or more risk factors in Section C, it is recommended to send the patient for an exercise stress test before clearing for PARE.				
Family history of premature cardiovascular disease	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cigarette smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hypertension ⁶	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dyslipidemia	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormal fasting glucose level	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Obesity ⁷	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Physical inactivity	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Section D - Exercise Stress Test (when required)				
Clinically positive for ischemia	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrically positive for ischemia	<input type="checkbox"/> Yes <input type="checkbox"/> 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)				
7) Canadian Guidelines for Body Weight Classification in Adults (2003)				

Distribution:

Part 1 and 2 - Provide original copy to patient. Keep a photocopy of the form on the patient's medical file.

This form should not be submitted to the Canada Border Services Agency.

PARE Medical Clearance - Part 2

Patient Information				
Surname	Given Name(s)		Age	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	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: <ul style="list-style-type: none"> Pulmonary Obstruction / Restriction Musculoskeletal Restrictions High or Very High Cardiovascular Risk Factors Coronary Artery Disease Risk Factors Exercise Stress Test to 12 MET, if applicable it is my professional opinion that the above named patient is: <input type="checkbox"/> Medically fit to undertake the Physical Abilities Requirement Evaluation. <input type="checkbox"/> Not medically fit to undertake the Physical Abilities Requirement Evaluation.				
Comments				
			Physician's stamp	

Physician's signature

Date (yyyy-mm-dd)

Distribution:

Part 1 and 2 - Provide original copy to patient. Keep a photocopy of the form on the patient's medical file.

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