Royal Newfoundland Constabulary

Building Safe and Healthy Communities Together

Informed Consent for Police Fitness Assessment (PFA)

I, _____, understand that the PFA is a job-related physical abilities test that evaluates my physical capacity as it applies to police work. The stressful completion of this test shows that I possess the minimal physical abilities (see PFA protocol) deemed essential for the performance of police work.

Physical Demands

I understand that the PFA is a physically demanding test. During the test, my heart may reach its maximal level, and may remain there for several minutes, thus placing me under heavy physical stress. The test will also challenge my muscular strength, ability and coordination skills. I will be required to lift 40 lbs in each hand. I state that I have no known medical or physical problems, which may place me at risk during or following my performance of the test.

I understand the test will be explained and demonstrated to me and I will have the opportunity to ask questions and practice on the equipment. I will follow all safety procedures as outlined. Heart rate and blood pressure screening will be required before and after the test and I will remain at the testing session until successfully screened after the test. It is my obligation to immediately inform the appraiser of any pain, discomfort, fatigue or other symptoms that I may suffer during or immediately following the test. My understanding is that there are potential risks associated with the PFA, such as light headedness, fainting, chest discomfort and nausea. I will fully assume those risks.

No Compulsion

I consider myself ready to safely undertake the PFA. I understand that **UNDER NO CIRCUMSTANCES** am I compelled to continue to complete the test should I decide to stop. I will follow the instructions about safety including slowing down or stopping immediately, **IF INSTRUCTED TO DO SO**, by the test administrator.

Name of Participant				
Surname	**Given Names**			
Participant's Statements				
A. Since your most recent medical assessment:				
Have you had any significant changes in your health?	☐	**Yes**	☐	**No**
Have you had any new illness or injury?	☐	**Yes**	☐	**No**
Are you taking any new medications on a regular basis?	☐	**Yes**	☐	**No**
If you answered yes to any of the questions above, you may be required to obtain a Medical Clearance Form				
B. Prior to test I have:				
Been physically active for at least 4 weeks (3-5 cardio training per week, moderate to vigorous level)	☐	**Yes**	☐	**No**
Abstained from smoking for at least 2 hours	☐	**Yes**	☐	**No**
Abstained from caffeine products for at least 2 hours	☐	**Yes**	☐	**No**
Abstained from using inhaled short-acting bronchodilators for at least 2 hours	☐	**Yes**	☐	**No**
Abstained from alcohol for at least 6 hours	☐	**Yes**	☐	**No**
Abstained from using any stimulants for at least 24 hours (e.g. products containing ephedrine, pseudoephedrine, ephedra, etc.)	☐	**Yes**	☐	**No**
Abstained from ay vigorous exercise within 24 hours of the test	☐	**Yes**	☐	**No**

Authorization
Participant
I have read and understood the information provided in relation to the test I am about to undertake. **I understand that successfully completing the Police Fitness Assessment is a condition of being considered for selection by the Royal Newfoundland Constabulary to attend the RNC Recruitment Training Program.** **I give my consent to undertake the Police Fitness Assessment.** **_____ _____** **Signature of Participant Date (yyyy-mm-dd)**
Witness
_____ _____ **Signature of Witness (to be signed at the test) Date (yyyy-mm-dd)**
Distribution
This signed and completed form is to be placed in the participant's medical profile.