



MEDICAL CLEARANCE

Physical Ability Requirement Evaluation (PARE)

Dear Doctor:

The person who has made this appointment with you is currently enrolled in the Law Enforcement Preparation program (LEPP) at the Nicola Valley Institute of Technology. They require medical clearance prior to completing an RCMP physical test called the *Physical Ability Requirement Evaluation (PARE)*. The PARE test will be administered several times during the eight month LEPP training.

PARE is designed to simulate a critical incident where a police officer chases, controls, and apprehends a suspect. The test was developed by exercise scientists and is based on extensive research, including a thorough job analysis. PARE is divided into three sections;

- an obstacle course,
- a weigh station,
- and a bag carry.

The participant will first run six laps of an obstacle course (a distance of about three hundred and fifty (350) metres), and then complete a weight station. During the obstacle course, the participant will climb stairs, turn sharply left and right, jump over low obstacles, vault over a three foot rail, and fall alternately on his/her back or stomach. After negotiating the obstacle course, the participant must push and then pull a seventy to eighty (70-80) pound weight. Four (4) controlled falls must be executed between the push and pull activity. Regular members are asked to complete these two (2) stations in less than four (4) minutes, however, LEPP applicants **must** complete the test in less than four (4) minutes and forty-five (45) seconds by the end of an eight (8) month training period. Once the timed portion of the test is complete, the participant is asked to lift and carry an eighty to one hundred (80-100) pound weights for fifteen (15) metres.

Research findings indicate that PARE elicits a maximum or near maximum heart rate in all participants. During this test, it is possible to reach thirteen (13) MET's, but the average is around ten (10). These values are similar to those attained during a stress test, and are achieved as early as two (2) minutes into the test. Because of the anaerobic component, blood lactates are elevated at completion.

To minimize the health risk, we are requesting this medical examination to determine whether the participant has any medical contra-indications to taking the PARE. Please fill out the attached form and return it to the participant.

If you have any questions, please do not hesitate to contact the Nicola Valley Institute of Technology.

Thank you,
John Chenoweth, Dean of Instruction
4155 Belshaw Avenue
Merritt, B.C. V1K 1R1
(250)378-3331

Nicola Valley Institute of Technology



Merritt Campus 4155 Belshaw St. Merritt, BC V1K 1R1 Phone: (250) 378-3300 Fax: (250) 378- 3332

Vancouver Campus 200-4355 Mathissi Place, Burnaby, BC V5G 4S8 Phone: (604) 602-9555 Fax: (604) 602-3400

Toll Free: 1-877-682-3300 Email: info@nvit.bc.ca

MEDICAL APPROVAL - PARE

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

DATE OF BIRTH (YY/MM/DD) ___/___/___ (AGE: ___) MEDICAL NO. _____

GENDER: M / F

SECTION TO BE FILLED OUT BY PHYSICIAN

Resting BP: ___/___ Resting HR: _____ (bpm) Rhythm: _____

Tick off the following that apply:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is this person over 40 and unaccustomed to vigorous physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person have any form of cardiovascular disease? If so explain below. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person have elevated cholesterol? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there heart disease in this person's family? If yes: Mothers side <input type="checkbox"/> or Fathers side <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person smoke? If so, how much: _____ pack/day |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person have diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person have musculo-skeletal problems that would put them at risk during PARE? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it possible this person will require the use of a bronchodilator for participation in PARE? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have concerns this person completing a maximal cardiovascular test? |

Based on your physical examination and responses to these questions, do you believe this member is currently healthy enough to take part in the PARE, a maximal physical exertion test?

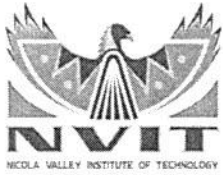
- Full Participation Walk only Not at all, explanations/recommendations:

AUTHORIZATION INFORMATION

Name and Address of Physician:	
Signature _____	Date ___/___/___

Office Use Only

* Please submit completed form to the office of the Registrar at the address above.



NICOLA VALLEY INSTITUTE OF TECHNOLOGY

SPONSOR BILLING AUTHORIZATION FORM

STUDENT INFORMATION			
Surname:			
Given Names:			
Student No.:		Birthdate:	

SPONSOR INFORMATION			
Sponsors are billed after the last day to add/drop a class during the Fall and Spring semesters. During the summer semester, sponsors are billed after the first day of class. Payment is due upon receipt of invoice.			
Organization Name:			
Sponsor Contact:			
Contact Title:			
Address:			
City/Province:		Postal Code:	
Phone:		Fax:	
Contact Email (Required):			

DURATION OF SPONSORSHIP

FALL SEMESTER (SEPT – DEC)	SPRING SEMESTER (JAN – APRIL)	SUMMER SEMESTER (MAY – AUG)
Year _____	Year _____	Year _____

COVERAGE & LIMITATION Indicate the fees covered with a check (✓) (and a maximum if applicable)

TUITION (no mandatory fees)			
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MANDATORY FEES:

Student Fees			
Upass (Burnaby campus)			
*Health & Dental Fees			

GRADUATION FEE (\$75 per Credential)			
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BOOKSTORE:

Books			
Supplies/Equipment			
Bus pass (Merritt campus)			
Comments			

*Students with coverage through Non-Insured Health Benefits (NIHB) will NOT be enrolled in the Health & Dental Plan. Students with proof of comparable Health & Dental coverage may apply to waive benefits within 30 days of the start of classes by visiting www.mystudentplan.ca

SPONSOR'S APPROVAL

NVIT considers the Sponsor Billing Authorization form to be a binding commitment. By signing this form the sponsor agrees to pay all charges for the student as indicated above.

Authorized Name: _____

Authorized Signature: _____ Date: _____

FORWARD THIS FORM BY EMAIL: mboven@nvit.bc.ca

FAX: (250) 378 - 3332



NICOLA VALLEY INSTITUTE OF TECHNOLOGY

Assessment Release of Information

I _____ authorize the Nicola Valley Institute of Technology to
(PRINT NAME)

release the following information:

- Billing
- Financial Information
- Academic Information (Grades, Attendance, etc)
- Disciplinary Status
- Assessment Results

to: _____
(BAND OR SPONSORING AGENCY)

I _____ furthermore authorize _____
(PRINT NAME) (BAND OR SPONSORING AGENCY)

to release information regarding further education to Nicola Valley Institute of Technology.

(SIGNATURE)

(DATE)