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## Medical Clearance

### Medical Clearance (3986e) for Applicants or non-RCMP:

1. The Dear Doctor letter and medical clearance (form 3986e) should be provided to the participant a minimum of three weeks prior to PARE in order for them to have it completed and signed by a physician.
2. Participants (applicants and non-RCMP) require the Medical Clearance (form 3986e) which is valid for 12 months from the date it is signed by a physician.. They are also required to go through the pre-PARE screening.
3. They must bring the **original** Medical Clearance and a **photocopy** of Part Two to their PARE session.
4. The **original** Medical Clearance is the property of the participant and the **photocopy** of Part Two is collected by the PARE Administrator.
5. The medical clearance must be used in conjunction with the Informed Consent (Appendix 8) and PAR-Q (Appendix 9) .

### Medical Clearance for RCMP Regular Member

1. For regular members the medical clearance is obtained through their periodic health assessment (PHA). Please obtain a copy of the member's Medical Clearance for Police Operational Training found in this appendix after the form 3986e. Those who have a valid PHA in the last three years and no medical limitations or restrictions can undergo PARE. They will still need to be properly pre-screened prior to PARE.
2. The process for communicating medical clearance for police operational training, including PARE, will vary from Division to Division. The Medical Clearance for Police Operational Training found on page 50 may be used. Please contact your DFLA for more information.



Royal  
Canadian  
Mounted  
Police

Gendarmerie  
royale  
du  
Canada

Dear Doctor,

The person who has made this appointment with you is seeking a medical clearance to undergo the Physical Abilities Requirement Evaluation (PARE).

PARE is an occupational physical abilities test directly linked to police work and police training.

**It is a maximal exertion test equivalent to an exercise stress test at the 12 MET level.** PARE represents a situation where a police officer must chase a suspect, physically control the situation and carry a person or an object away from the scene. It is divided into the following three sections:

1. **Obstacle Course:** completion of a 1116 ft. (340 m) run including 36 obstacles and 120 stairs.
2. **Push/Pull:** managing a 70 or 80 lb. (32 or 36 kg) weight and completing six 180° arcs while pushing, 4 controlled falls and six 180° arcs while pulling.
3. **Weight Carry:** lifting and carrying an 80 or 100 lb. (36 or 45.5 kg) bag over a distance of 50 ft. (15 m).

The first two sections (obstacle course and push/pull) are timed. For the RCMP, applicants must complete these two sections in ≤4:45. Lateral applicants and graduating cadets must complete these two sections in ≤4:00.

Please complete, sign and date the attached form. Place a copy of **Part 1** on the patient's medical file and give **Part 2** to the patient.

Prepared by the RCMP

Fitness & Lifestyle Program and  
Occupational Health & Safety Directorate



### PARE MEDICAL CLEARANCE - Part 1

(To be kept on Patient's Medical File at the Physician's office)

PATIENT INFORMATION				
Surname	Given Name(s)	Gender	Age	Date of Birth (yyyy-mm-dd)
		<input type="checkbox"/> M <input type="checkbox"/> F		

**Note to Physician**

*The Physical Abilities Requirement Evaluation (PARE) is a maximal physical exertion test equivalent to an Exercise Stress Test at the 12 METS level. The following are risks factors to consider when assessing suitability for PARE.*

**A FOR ALL INDIVIDUALS - Pulmonary and Musculoskeletal Restrictions**  
*(If yes to any ONE of the questions, patient should not undertake PARE)*

**YES    NO**

- Pulmonary obstruction/restriction that would prevent maximal testing.
- 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.)*
- Musculoskeletal restrictions that could interfere with strenuous activities or maximal testing.

**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, 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
- Diabetes<sup>3</sup>
- Metabolic Syndrome

**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, it is recommended to send patient for an Exercise Stress Test before clearing for PARE.)*

- Family history of premature cardiovascular disease
- Cigarette smoking
- Hypertension<sup>6</sup>
- Dyslipidemia
- Abnormal fasting glucose level
- Obesity<sup>7</sup>
- Physical inactivity

**D EXERCISE STRESS TEST (when required)**

- Clinically positive for ischemia
  - Electrically positive for ischemia
- \_\_\_\_\_ METS reached *(12 METS are required prior to undertaking PARE)*
- Additional tests (if needed, specify): \_\_\_\_\_

(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.  
 (7) Canadian Guidelines for Body Weight Classification in Adults (2003) www.healthcanada.ca/nutrition.



**PARE MEDICAL CLEARANCE - Part 2**  
(To be provided to the PARE Participant once completed)

PATIENT INFORMATION					
Surname		Given Name(s)		Det./Unit	HRMIS No.
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age	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
- Musculoskeletal Restrictions
- High or Very High Cardiovascular Risk Factors
- Coronary Artery Disease Risk Factors
- Exercise Stress Test to 12 METS, if applicable

**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 Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

\_\_\_\_\_  
Physician's Stamp