

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

WITNESS \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



# CANDIDATE PHYSICAL ABILITY TEST CITY OF ABBOTSFORD FIRE RESCUE SERVICE



## MEDICAL CLEARANCE REQUEST

Dear Medical Doctor:

The client who has made an appointment with you has applied for a position as a firefighter.

As a pre-employment requirement, applicants must demonstrate a minimal level of physical fitness required of entry-level firefighters. This demonstration is to be accomplished by successfully completing a test called the Candidate Physical Ability Test (CPAT)

CPAT was developed to allow Fire Departments to obtain a pool of qualified candidates physically able to perform essential tasks at fire scenes. All essential tasks have been developed according to the standards outlined by the department's job demand analysis and bona fide occupational requirements [BFOR].

This comprehensive project was the creation of a technical committee representing ten major North American fire services. Members of the committee included fire chiefs, union representatives, firefighters, physicians, physiologists, fitness coordinators and legal counsel.

CPAT is a sequential, circuit-type test lasting a maximum of 10 minutes, 20 seconds – not including the 20 second warm-up. Candidates are asked to perform eight (8) physical tasks while wearing a 50-lb. vest. *(Candidates will be required to carry additional 25-lbs. during the stair-climb event).*

The tasks involve:

- Event #1: Stair-climb (carrying a total of 75 lbs. in weight for 3 minutes and 20 seconds total)
- Event #2: Hose Drag
- Event #3: Equipment Carry 60 lbs for 150 feet in total
- Event #4: Ladder Raise and Extension
- Event #5: Forcible Entry (striking the target with a 10 lb sledge hammer)
- Event #6: Search through a darkened maze
- Event #7: Rescue dragging a 165-lb. mannequin for 70 feet
- Event #8: Ceiling Breach (60 lbs) and Pull (80 lbs)

Research findings indicate that CPAT elicits a maximum or near maximum heart rate in all participants. These values are attained as early as two minutes into the test. CPAT also has an anaerobic component. Blood lactates are elevated at completion.

Experience shows that familiarity with the actual test increases the candidate's success rate. The Fire Department orientates potential candidates through information shared on the department's web site, CPAT orientation/preparation guides and hands-on orientation.

To minimize the health risk, candidates are required to consult with a medical professional to ascertain an opinion on their ability to partake in CPAT testing.

After your assessment, please return the completed form to the candidate. Costs related to the completion of this form will be the sole responsibility of the candidate. Candidates will not be granted clearance to participate in CPAT without receiving your medical authorization.

For further information regarding the Candidate Physical Ability Test [CPAT], please visit the City of Abbotsford Fire Rescue Service CPAT web site at: [www.abbotsfordcpat.ca](http://www.abbotsfordcpat.ca) or/and visit the International Association of Firefighters web site at [www.iaff.org](http://www.iaff.org)

Thank you,

City of Abbotsford Fire Rescue Service  
32270 George Ferguson Way • Abbotsford, BC • V2T 2L1  
Telephone: (604) 853-3566 • Facsimile: (604) 853-7941



**CANDIDATE PHYSICAL ABILITY TEST  
CITY OF ABBOTSFORD FIRE RESCUE SERVICE**



**MEDICAL CLEARANCE FORM**

DATE (Month DD, YYYY):	
APPLICANT'S NAME:	
APPLICANT'S RESTING HEART RATE:	
APPLICANT'S RESTING BLOOD PRESSURE:	
IN YOUR PROFESSIONAL OPINION, DO YOU CONSIDER THIS CANDIDATE TO BE HEALTHY ENOUGH TO TAKE THE CANDIDATE PHYSICAL ABILITY TEST (CPAT)?	<input type="checkbox"/> YES  <input type="checkbox"/> NO
COMMENTS:  _____  _____  _____  _____	
<b>PHYSICIAN'S CONTACT INFORMATION</b>	
PHYSICIAN'S NAME	
CLINIC NAME, ADDRESS TELEPHONE NUMBER	
PHYSICIAN'S SIGNATURE	
DATE:	
<i>The applicant must submit this medical Clearance authorization in order to qualify for the Candidate Physical Ability Test (CPAT); <b>they will NOT be cleared for testing without it.</b></i>  <i>Any costs incurred in your examination of this individual or the completion of this form is the sole responsibility of the applicant.</i>	
<b>Please return this completed form to the applicant</b>	