

# PRE-EMPLOYMENT PHYSICAL FITNESS TESTING MEDICAL CONSENT

## INSTRUCTIONS

This document has areas for completion both by a qualified physician of the applicant's choice and by the applicant. Once fully completed, it is to be forwarded by the applicant with the Akwesasne Mohawk Police Service application form.

**PART A:** As an applicant for the position of constable with the Akwesasne Mohawk Police Service, your patient presenting this document must undertake mandatory physical fitness testing to ensure preparedness and ability to carry out the essential requirements of the position. Prior to this testing, it is requested that you complete the assessment portion below attesting to the applicant's medical fitness. For your information and convenience, the Akwesasne Mohawk Police Service fitness standards are printed on the reverse side of this form.

Name of Applicant:

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If you are planning to become more active than you are now, start by answering the seven questions below.

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

If you answered YES to one or more questions, talk with your doctor **BEFORE** you start becoming physically active.

If you answered NO honestly to all questions, you can be reasonably sure that you take part in the fitness appraisal.

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

In your opinion, is this individual at risk or medically unable to complete the Akwesasne Mohawk Police fitness testing? [ ] No [ ] Yes

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**Name of Physician (print)**

**Signature of Physician**

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Office Address

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Telephone #

Date of Examination

**PART B**

I, hereby consent to the release of the above information to the Akwesasne Mohawk Police to be used for the purposes of determining my eligibility for participation in the Akwesasne Mohawk Police fitness testing.

Applicant's Signature:

Date:

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