



SHUTTLE RUN

POLICE CANDIDATE

PACKAGE

POLICE FITNESS ASSESSMENT

Instructions

Good day police candidate, the following page must be completed in order to be accepted into your fitness stage with your police service. Please follow the instructions step-by-step below and check the box for each item you have completed:

- ☐ Complete and sign the Participant Consent & Liability Waiver form (page 3 and 4).
- ☐ Review the Applicant Shuttle Run Instructions (page 5 and 6).
- ☐ Review and follow the instructions of the Health and Fitness Risk Profile Guidelines (page 7).
- ☐ Complete the ParQ+ assessment. Please follow the instructions as stated within this package, if you say "yes" to any of the questions then you must have your doctor complete the Physician's Clearance Form (pages 8 to 11)
- ☐ Complete the Physician's Clearance Form ONLY if you said yes to any of the questions in the ParQ or meet any of the criteria in the Acute Risk Profile or Cardiac Risk Profile as stated on page 7 (Pages 12 to 14).
- ☐ Review Pre-test directions (page 15).

Once this package has been completed, please ensure you bring this to your fitness testing date and show the recruiter this checklist and all of the attached documents.

Thank you and best of luck!

Participant Consent & Liability Waiver

By signing below, I confirm and represent that I have completed all three of the following health assessments in accordance with the **Health and Fitness Risk Profile Guidelines** in the application package:

1. Physical Exercise Risk Profile
2. Acute Risk Profile.
3. Cardiac Risk Profile

and I have either (initial one box below):

_____ confirmed that I DO NOT meet the risk criteria that requires me to have my doctor complete a Physician Clearance Form,

or

_____ confirmed that I DO meet the risk criteria that requires me to have my doctor complete a Physician Clearance Form, which I have obtained and attached to my application.

I further acknowledge the following:

- The 20-metre aerobic Shuttle Run test is a high-intensity fitness assessment and there are inherent risks in such activities.
- My vitals (blood pressure, temperature, oxygen saturation, respiratory rate and heart rate) will be assessed before testing for my safety.
- There are potential risks during my performance of the fitness tests, including: abnormal blood pressure, fainting, transient light-headedness, leg cramps, muscle strains, nausea, and in rare instances, heart attacks or heart rhythm disturbances.
- I must immediately inform the fitness appraiser of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the assessment.
- I may stop or delay any further testing if I so desire and the recruiters/appraiser may terminate my fitness participation at any time if they observe any symptom of distress or abnormal response.
- I may ask questions or request further information or explanation about the procedures at any time before, during and after the assessment.



I acknowledge that I am voluntarily participating in the Shuttle Run Assessment and that I am aware of the risks involved as described above and in the application package.

I hereby release, indemnify, and hold harmless the Ontario Association of Chiefs of Police, the Ontario Police College, the Police Service I am seeking employment with, its respective municipal city and police service board, TNT Justice Consultants and all their respective officers, employees, agents, volunteers, officials, contractors, representatives, elected and appointed officials, successors and assigns from any and all claims, demands, actions, or causes of action, including but not limited to, death, personal injury or damage to property arising out of or in any way connected with my participation in the Shuttle Run Assessment.

Signature (must be over 18)

Signature of Witness

Print Name

Name of Witness

Date

Date

Applicant Shuttle Run Instructions

Good day Police Applicant,

You are being invited to take part in the 20 metre Leger Aerobic Shuttle Run Assessment, also known as the beep test. The Shuttle Run is an intensive cardiovascular exercise requiring you to run between pylons at a 20-metre distance during an audio recording. At timed intervals, you will reach different levels which will force you to run at faster speeds. The test increases in difficulty as you progress through the different levels. As this is a very physically demanding assessment, please ensure you review all of the instructions issued to you by the police service and take the necessary steps to prepare yourself. If you wish to learn more about the Shuttle Run, please reach out to your recruiter for more information.

Passing the Shuttle Run

To be hired as a police constable, every applicant must pass the Pursuit/Restraint Circuit and Shuttle Run at the Ontario Police College. If you do not meet the physical requirements, you may be ejected from the College and lose your conditional offer. In order to pass the Shuttle Run, you must be able to reach level 7.

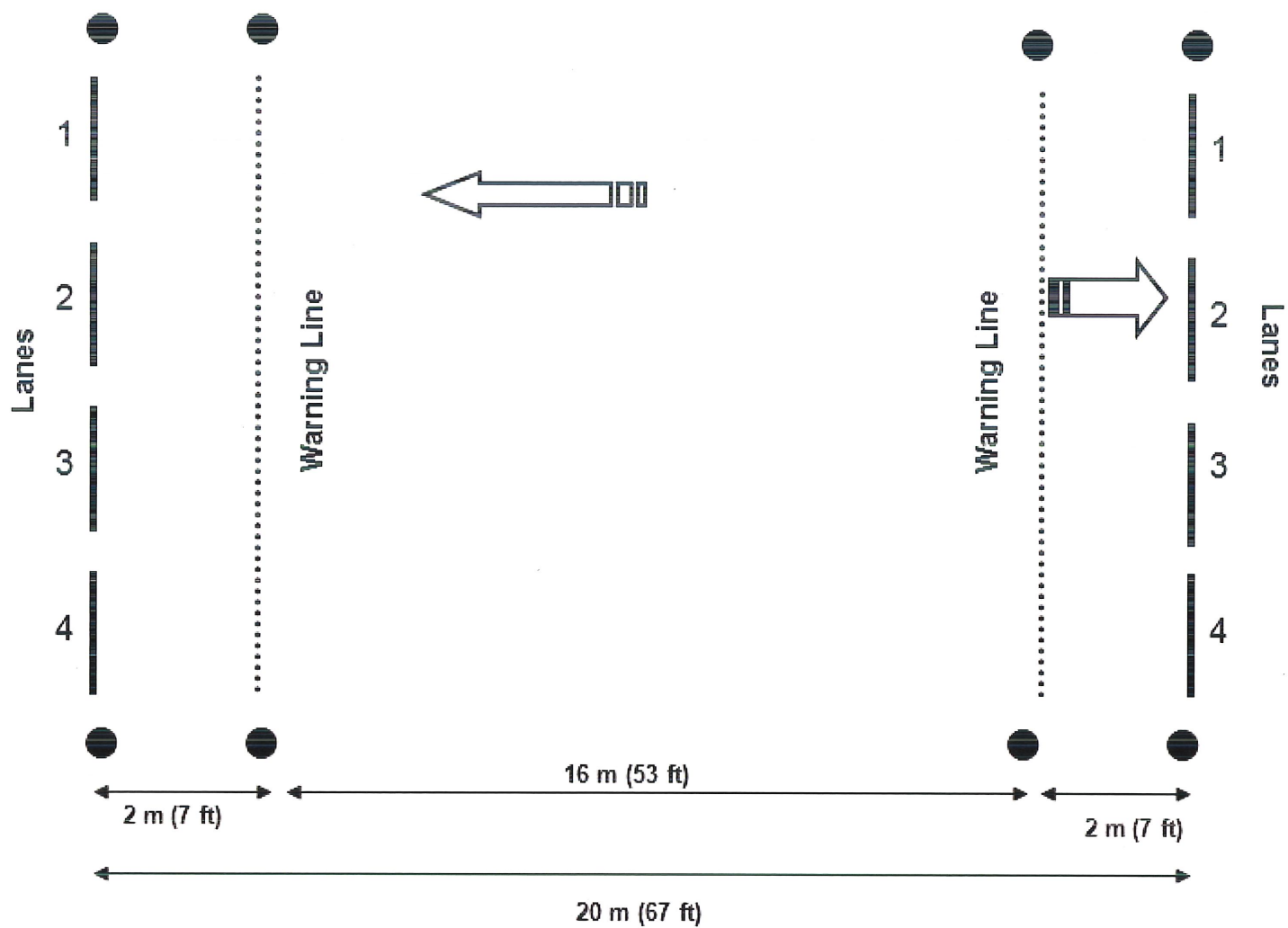
Warnings and Failure

In each leg of the Shuttle Run, warning lines, placed 2 metres (7ft) before each of the 20 metre end lines must be reached before the permitted time elapses and the audio signal sounds. You will be cautioned by an examiner if you fail to cross a warning line in time and you must still reach the end line before returning. The test ends when you miss two consecutive warning lines. Stopping at any level before level 7 or missing two consecutive warning lines constitute a failure.

Preparation

Preparing for the Shuttle Run varies based on your current health and cardiovascular endurance. You are strongly encouraged to prepare for the shuttle run months in advance before participating in testing. Maintaining a high level of cardiovascular endurance consistently throughout your police hiring process and your career as a police constable is critical to the effectiveness of your performance as an Officer. Feel free to reach out to your police service or the OACP for a Shuttle Run preparation package that can guide your cardiovascular progress. More information and video demonstrations about the Shuttle Run can be found on our website here: <https://oacpcertificate.ca/physical-preparation/>

Shuttle Run Diagram



● = Traffic Cone Marker

Health and Fitness Risk Profile Guidelines

Your health and safety are of the utmost importance to us. The following risk profile guidelines are designed to ensure you would safely be able to participate in fitness testing with your police service. You are required to review, complete and follow the instructions in **all three sections** below.

Physical Exercise Risk Profile

You are required to review and complete the PARQ+ which the recruiter has issued to you. If you had said "Yes" to any question, you must complete the Physician's Clearance Form with your doctor.

Acute Risk Profile

If you meet any of the acute risk points below, you must complete the "Physician's Clearance Form" with your doctor.

- Currently have an acute infection, illness or fever.
- Have lower limb or upper extremity swelling.
- Have difficulty breathing at rest.
- Have a persistent cough.
- Are actively or may believe you are pregnant.
- Do not exercise regularly (At least 150 minutes per week of moderate-intensity aerobic activity or 75 minutes per week of vigorous aerobic activity).
- Are over the age of 35 and are not accustomed to regular intense exercise.

Cardiac Risk Profile

If you meet two or more major coronary risk factors below, you must complete the "Physician's Clearance Form" with your doctor.

- A family history of heart attack or sudden death before 55 years of age
- Currently smoke tobacco (e.g. cigarettes, cigars etc.);
- Have high blood pressure (equal to or greater than 160/90 mmHg);
- Have diabetes mellitus;
- Have high blood cholesterol;
- Are in a sedentary occupation and are physically inactive;

PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition ☐ OR high blood pressure ☐ ?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	☐	☐
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	☐	☐
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐



If you answered NO to all of the questions above, you are cleared for physical activity.

Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- ▶ Start becoming much more physically active – start slowly and build up gradually.
- ▶ Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/i/item/9789240015128>).
- ▶ You may take part in a health and fitness appraisal.
- ▶ If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- ▶ If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____



If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.



Delay becoming more active if:

- ✔ You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
- ✔ You are pregnant. In this case, talk with your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- ✔ Your health changes. Answer the questions on Pages 2 and 3 of this document and/or talk to your health care practitioner, physician, or qualified exercise professional before proceeding with any physical activity program.

PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** ☐ go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES ☐ NO ☐
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES ☐ NO ☐

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** ☐ go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES ☐ NO ☐
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES ☐ NO ☐

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** ☐ go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES ☐ NO ☐
- 3c. Do you have chronic heart failure? YES ☐ NO ☐
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES ☐ NO ☐

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** ☐ go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES ☐ NO ☐

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** ☐ go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES ☐ NO ☐
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES ☐ NO ☐
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES ☐ NO ☐
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES ☐ NO ☐
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES ☐ NO ☐

PAR-Q+

6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b

If **NO** ☐ go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES ☐ NO ☐

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d

If **NO** ☐ go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES ☐ NO ☐

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES ☐ NO ☐

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES ☐ NO ☐

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c

If **NO** ☐ go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES ☐ NO ☐

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES ☐ NO ☐

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c

If **NO** ☐ go to question 10

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

9b. Do you have any impairment in walking or mobility? YES ☐ NO ☐

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES ☐ NO ☐

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If you have other medical conditions, answer questions 10a-10c

If **NO** ☐ read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES ☐ NO ☐

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES ☐ NO ☐

10c. Do you currently live with two or more medical conditions? YES ☐ NO ☐

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

PAR-Q+

 **If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**

-  It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

 **If you answered YES to one or more of the follow-up questions about your medical condition:**

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

 **Delay becoming more active if:**

-  You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
-  You are pregnant. In this case, talk to your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes. Talk to your health care practitioner, physician, or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-S298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

Physician Clearance Form

Instructions for Physician

The patient in front of you today is currently engaged in the recruitment process with an Ontario Police Service for the position of a police constable. As part of the mandatory requirements, all candidates are required to undergo a maximal effort fitness assessment during the hiring process and subsequently at the Ontario Police College.

Your patient has been directed to obtain medical clearance from you to ensure their eligibility to participate in our fitness assessment. This request resulted from the fact that they have met one or more of the criteria outlined below:

- They have answered "yes" to any of the questions on the 2024 PAR-Q.
- Currently meet 2 or more major coronary risk factors
- Currently experiencing an acute infection, illness, or fever.
- Exhibiting lower limb or upper extremity swelling.
- Facing difficulty breathing at rest.
- Experiencing a persistent cough.
- Actively or potentially pregnant.
- Lack of regular exercise (less than 5 sessions per month).
- Over the age of 45 and not accustomed to regular intense workouts.

If your patient did not meet any of the criteria above then they have failed our vital pre-screening assessment conducted by a certified recruiter during the fitness testing. Further information can be found on the second page of this document. This may be due to:

- Your patient consistently presented a systolic blood pressure above 160 mmHg or a diastolic blood pressure above 90 mmHg or,
- Presented with a consistent pulse over 100 beats per minute or,
- Had a consistent respiratory rate below 12 respirations or above 20 respirations per minute and consistently presented with an SpO2 below 94%

Ensuring that candidates maintain vitals within the range of a healthy adult is crucial to prevent potential occult medical emergencies arising from known or unknown medical conditions. Your professional clearance is sought to confirm that your patient can safely participate in our fitness assessment.

Designated Fitness Assessment

20-Metre Leger Aerobic Shuttle Run

To be considered for employment, candidates are required to achieve level 7 on the 20-metre Leger Aerobic Shuttle Run, commonly known as the beep test. This test involves running back and forth between two marked lines over a 20-meter distance, responding to timed audio signals that progressively increase in speed. The shuttle run serves as an intensive exercise predicting maximal oxygen consumption (VO2 Max).

Candidates must reach level 7, equivalent to a VO2 max of 41.7mL. At this level, candidates are expected to run at a maximal aerobic speed of 11.5 kilometres per hour.

Additional information about the test is available on our website at www.oacpcertificate.ca on the Physical Preparation page.

Should you have any inquiries or require further information, please do not hesitate to contact us at support@oacpcertificate.ca.

Thank you for your prompt attention to this matter. We appreciate your cooperation in ensuring the safety and well-being of our candidates.

Notes from Police Recruiter

The following information was an observation made by the police recruiter and could be the reason why the candidate was referred to you:

Candidate Information

Candidate's Name	
Date of Assessment	

Physician Clearance

Based upon reviewing the information above and my patient's history, I assert that my patient:

- ☐ Is medically cleared to participate in the Aerobics Shuttle Run
- ☐ Is not medically cleared to participate in the Aerobics Shuttle Run at this time.

Physician's Name	
Physician's Signature	
Physician's Address	
Physician's Telephone #	
Physician's office stamp	

Attention Candidates,

Please review the following information carefully. Any dishonesty and non-compliance with the instructions below can lead to the disqualification of your candidacy or postponement of your participation in the police hiring process.

Directions Before Scheduled Testing:

Exercise Attire: Running shoes and exercise clothing.

Smoking: Do not smoke for two hours prior to your test.

Food and Beverages: Do not eat a large meal for at least 2 hours prior to the test and refrain from drinking caffeinated beverages 6 hours before the test and alcoholic beverages 24 hours before the test.

Exercise: Do not exercise vigorously in the 24 hours prior to the test.

Arrival Time: Arrive at the test site at least 30 minutes prior to your test appointment in time to allow your blood pressure to return to the resting level.

On Testing Day, You Must Bring:

- This package completed and signed.
- Government-issued photo identification.
- The Physician's Clearance Form ONLY if you said "yes" to any of the questions in the PARQ+ and/or meet the criteria within the Acute or Cardiac Risk Profile.

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