

CONSENT FORM
Peace Officers' Physical Abilities Test (POPAT)

I, _____ understand that the POPAT is a job related physical ability test that evaluates my physical capacity as it applies to Police Work. The successful completion of this test demonstrates that I possess the minimal physical abilities deemed essential to perform the duties of a Peace Officer in Saskatchewan.

I understand the test is physically demanding test and my heart rate will reach its maximum levels and may remain there for several minutes, thus placing my body under heavy physiological stress, during the test. The test will also challenge my muscular strength and coordination skills. If I have known health problems that would be aggravated by intense exercise, I should refrain from performing the test. I also understand that I may choose to discontinue the test at any time and also acknowledge that the test Administrator may stop my performance in the test at his/her discretion due to safety reasons. My blood pressure, heart rate and body composition analysis may also be taken before and after I perform the test.

Further, I understand that the POPAT will be described and demonstrated to me and that I will be given time to practice each station if I wish. Following the delivery of test instructions, I understand I will be provided the opportunity to practice and I have the responsibility to ask questions and/or seek additional clarification to resolve any concerns I may have.

I understand and CONSENT that my results will be provided to the Agency in which I am applying for employment, and that the Saskatchewan Police Commission may utilize my information and results for research and statistical purposes but only where my name and identity, or facts that may lead to my identification are not utilized. YES NO

I consider myself ready to safely undertake the test.

Applicant's Statement:

I, _____ understand the instructions and information provided in relation to the test. My health status/condition remains unchanged since the completion of my Medical Clearance form by my Medical Doctor, and I am not aware of any medical conditions or physical problems that would place me at risk by doing this test. I also understand that the successful completion of the test is a condition of employment.

Signature of the Applicant

Date