

## A-PREP ORIENTATION READINESS QUESTIONNAIRE

### APPLICANT'S STATEMENT

#### Since your last medical check-up and/or Medical Clearance (if applicable) for A-PREP:

1. Have you had any significant changes in your health?	YES	NO
2. Have you had any new illness or injury?	YES	NO
3. Are you taking any new medications on a regular basis?	YES	NO
4. Are there any other factors which you feel may affect your ability to perform the A-PREP today?	YES	NO

If you answer yes to any of these four questions, you may be asked to obtain a new A-PREP Medical Clearance.

#### Prior to the Test I Have:

Used an inhaled short-acting bronchodilator within the past 2 hours	YES	NO
Used any stimulants within the past 24 hours (e.g. products containing ephedrine, pseudoephedrine, ephedra, etc.)	YES	NO
Been inactive for the past 4-6 weeks (less than 3-5 cardio training sessions per week of moderate to vigorous intensity)	YES	NO
Smoked cigarettes or used other tobacco products within the past 2 hours	YES	NO
Consumed caffeine products within the past 2 hours	YES	NO
Consumed alcohol within the past 6 hours	YES	NO
Participated in any vigorous exercise within the past 24 hours	YES	NO

#### One of the below must be initialed if the candidate has responded "yes" above.

After discussing my circumstances, outlined above, with the A-PREP Appraiser, I have decided to continue with the A-PREP orientation today. I have made this decision freely and voluntarily, after being informed that I may participate in the orientation on another date, at my option, without penalty or adverse consequence. I understand my attendance at the A-PREP orientation may be shared with AACP, the AACP – licensed assessment agency and/or all police agencies to which I apply.	Initial
After discussing my circumstances with the A-PREP Appraiser, I choose not to participate in the A-PREP orientation today.	Initial

Appraisers Comments/Clarification:

I have read and understood the above information

Applicant Name (Print)	Applicant Signature	Date
		DD/MM/YYYY
Appraiser Name (Print)	Appraiser Signature	Date
		DD/MM/YYYY
Witness Name (Print)	Witness Signature (at time of A-PREP)	Date
		DD/MM/ YYYY

**APPLICANT CONSENT FOR A-PREP ORIENTATION, RELEASE OF INDEMNITY AND RELEASE OF INFORMATION PAGE 1 OF 2**

**Applicant information**

<b>Surname (Print)</b>	<b>Given Names (Print)</b>	<b>Read and initial</b>
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**Applicant's state of preparedness**

I understand that the A-PREP orientation is a familiarization of the occupational physical abilities test directly linked to police work and training. It has the potential to be a maximal exertion test equivalent to an exercise stress test at the 11.9 MET level. It is a familiarization of the job-specific test which simulates a scenario where a police officer engages in a foot chase, takes physical control of a suspect, and then drags a person or an object away from the scene.	Initial
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**Physical Demands**

I understand the A-PREP (and elements of it) can be a physically demanding. It will challenge my muscular strength and coordination skills. During the test I am about to undertake, my heart rate may reach its maximal level and may remain there for several minutes, placing me under heavy physical stress.	Initial
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**Knowledge of Test**

I understand that the components of the test that I am about to practice will be explained and demonstrated to me. Specific instructions will be given as to what constitutes a fault. I will be given time to practice, ask questions, and gain confidence in my abilities to undertake the test. During the orientation, I will follow all safety procedures as outlined. I will have the opportunity to ask questions at any time prior to the test session.	Initial
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**Screening and Safety**

It is my obligation to immediately inform the test Appraiser of any pain, discomfort, fatigue or other symptoms that I may suffer during or immediately following the test. I understand that there are potential risks associated with practicing this test. These risks include but are not limited to light headedness, fainting, chest discomfort, musculoskeletal injury and nausea. I am fully aware of these risks. I understand that I am not compelled to continue the test should I decide to stop. I will also follow the safety instructions, including slowing down or stopping immediately, when instructed to do so by the test Appraiser. Heart rate and blood pressure screening may be required before and after the test. I will remain at the test site until officially released by the test Appraiser.	Initial
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**Orientation Requirements**

I will be given the opportunity to practice the individual physical tasks of the A-PREP which are: simulated foot pursuit while wearing a 7.5 kg belt around the waist and running 100m while climbing stairs, climbing 1.52 m fences, engaging in a "resistor control" simulation with a body control simulator weighted with 34 kg and an arm restraint simulator which requires 14.5 kg of force to depress the handles and 16 kg of force to retract the handles and dragging a 68 kg mannequin 15 ft. I will be allowed to practice the leger shuttle run. I will only be allowed to run stage 7 of the Leger 20 m shuttle run if I have completed an A-PREP Medical Clearance form.	Initial
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Applicant Signature	Date	
Name of Witness (Please Print)	Witness Signature	Date

**APPLICANT CONSENT FOR A-PREP ORIENTATION, RELEASE OF INDEMNITY AND RELEASE OF INFORMATION PAGE 2 OF 2**

**Release of Information**

I, the undersigned, have been informed about the A-PREP orientation, and direct that the information regarding my attendance may be provided to the \_\_\_\_\_ Police Service, the Alberta Association of Chiefs of Police (AACP), the Alberta Ministry of Justice and Solicitor General, Her Majesty the Queen in Right of Alberta and all or any of their respective servants, agents and employees, for tracking and gathering statistical information regarding the A-PREP orientation.

**Release of Indemnity**

I, the undersigned, in consideration of my being given the opportunity to participate in the A-PREP orientation do hereby release, indemnify and forever discharge \_\_\_\_\_ Police Service, the Alberta Association of Chiefs of Police (AACP), the Alberta Ministry of Justice and Solicitor General, Her Majesty the Queen in Right of Alberta and all of their respective servants, agents and employees, from any and all actions, cause of action, claims, demands, prosecutions and remedies for any and all damages, losses, injuries, and expenses of any nature or kind howsoever arising out of the A-PREP orientation engaged in by myself.

And for the aforesaid consideration I further agree not to make any claim or to take any proceedings against any other person or corporation who might claim contribution or indemnity from Her Majesty, the AACP, the \_\_\_\_\_ Police Service and all of their respective servants, agents and employees, of from any one or more of them. And for the aforesaid consideration I further agree that this Release and Indemnity shall apply to and be binding on my heirs, administrators, executors and assigns each of them.



Name of Applicant (Please Print)	Applicant Signature	Date
Name of Witness (Please Print)	Witness Signature	Date