

**COPAT (Corrections Officer's Physical Abilities Test)
Medical Examination Report and Opinion**

Physician: _____

Name and address of applicant requesting medical examination (please print):

This person is an applicant to, or member of Solicitor General and Public Security, Correctional Services Division. He/she is required to perform a physical activities requirement evaluation. The test is designed to simulate and measure an Officer's physical ability to respond to a critical incident and apprehend or potentially control a prisoner/suspect. The test was developed by exercise physiologists and is based on their findings. Their research has identified that the usual physical components of a response to a critical incident may involve quick action in getting to the problem, intense heavy work resolving the problem and removing the problem.

The test is conducted in a gymnasium and consists of running 100 meters, which includes climbing up and down stairs (6 times), jumping over low obstacles and pushing and pulling on heavy weights up to 22.7 kg. (70 lbs.), jumping over a 3' (.91m) vault rail (9 times) and then lifting and carrying a torso bag 36.2 kg. (80 lbs.) 15 meters (50 ft.).

It was found that most participants of the test experience maximal heart rate during the test. This indicates a brief (up to 3 minutes and 20 seconds) but maximal stress being placed on the cardiovascular system. To minimize the chance of this precipitating a major cardiovascular event, we request an examination to determine his/her employment and test risk potential.

In addition to your usual examination we request your assessment of this person with respect to factors which may place him/her at risk during this maximal test or peace officer related duties. These may include but are not limited to the following:

1. Hypertension with possible causative factors;
2. Diabetes Mellitus;
3. Known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, dizziness;
4. Low fitness level;
5. Acute systemic infections including viral respiratory infections;
6. Muscular and/or skeletal problems which may affect physical performance or present long term limitations.
7. Any other areas of concern

Resting Heart Rate: _____ Resting Blood Pressure: _____ / _____

In your opinion is this person at risk in completing a Physical Activities Requirement Evaluation?

Yes No

Print Name of Medical Doctor

Signature of Medical Doctor

Date (mm/dd/yyyy)

**COPAT (Corrections Officer's Physical Abilities Test)
(Acknowledgement of Understanding of the Test Requirements)**

Passing this test indicates that you have the necessary minimum physical abilities to learn to perform the duties of a correctional peace officer. The test will stress your aerobic, muscular strength and endurance fitness. The test will also require you to demonstrate some basic coordinative physical abilities. The test is designed to encourage you to work at your maximum physical abilities.

If you have concerns over your ability to perform hard physical work, then you should not perform the test. The test will be described and demonstrated to you before your performance. Further, you will be given ample time to practice the test items so you will know your abilities and have confidence to complete the test should you wish to continue. Following the instructions and practice, please be certain that all of your questions and concerns have been answered. After all of your questions and concerns have been answered, sign the statement of acknowledgement.

Your blood pressure and heart rate may be taken before you perform the COPAT test.

Statement of Applicant

I, _____
Name (please print)

acknowledge that I understand the information provided to me related to the test. I have no medical or physical problems which may place me at risk during or following my performance of the test. I also understand that the successful completion of the test is a condition of employment.

Signature of Test Applicant

Date (mm/dd/yyyy)

Test Time _____ Minutes

Problem Areas (stations)

Pass Fail

Applicant Informed? Yes No

I certify that the above named applicant has completed the COPAT test as approved by the Solicitor General and Public Security in the above noted time.

Print Name

Signature Test Supervisor

Date (mm/dd/yyyy)