

**POLICE OFFICERS PHYSICAL ABILITIES TEST
STATEMENT OF TEST APPLICANT AND TEST RECORD FORM**

Police Constable - City of Winnipeg

Passing this test indicates that you have the necessary minimum physical abilities to learn to perform the duties of a police officer. The test will stress your aerobic, anaerobic, 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 work then you should not perform the test. Your heart rate and blood pressure will be taken before you perform any work.

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 the 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.

TO PASS, YOU MUST PERFORM ALL ACTIVITIES WITHIN THE DEFINED PROTOCOL AND COMPLETE THE TIMED PORTION OF THE POPAT WITHIN 4 MINUTES 15 SECONDS AND THEN DEMONSTRATE THE ABILITY TO LIFT AND CARRY THE 45 KG (100 LBS) WEIGHT A DISTANCE OF 15.24 METRES (50 FEET).

STATEMENT OF APPLICANT

I, (Print name) _____ acknowledge that I understand the information provided 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 will be a condition of employment with the Winnipeg Police Service.

SIGNED _____
(Signature of Test Applicant)

DATE _____

RESTING DATA:

HEART RATE _____ BPM

BLOOD PRESSURE _____ / _____

2ND READING _____ BPM

2ND READING _____ / _____

TEST DATA:

TEST TIME _____ MINUTES

HEART RATE _____ BPM

PROBLEM AREAS (Station) _____

TESTER COMMENTS _____

SIGNED _____
(Signature of Tester)

DATE _____

