

PARE Record for Test Centre

Participant Information									
Surname				Given Name(s)				Age	
Participant Status <input type="checkbox"/> Applicant <input type="checkbox"/> Other						Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			
Forms Received <input type="checkbox"/> Get Active Questionnaire <input type="checkbox"/> Consent Form <input type="checkbox"/> Medical Clearance (if required)									
Reason for taking PARE <input type="checkbox"/> CBSA application process <input type="checkbox"/> Officer Induction Training Program <input type="checkbox"/> Other: _____									
Height ft in cm					Weight lbs kg				
Blood Pressure (Repeat if > 160 / 90) 1 / 2 /					Heart Rate (Repeat if > 99) 1 2				
Applicant PARE Result									
Lap Time			Test Times				Summary of Result		
Lap	Time	Lap Time (optional)	Obstacle Course _____ min:sec		Push - Pull _____ min:sec		The PARE standard for CBSA applicants requires the completion of the obstacle course and the push/pull section (with 70 lbs) in 4:45 min. or less. It also requires the completion of the weight carry section (with 80 lbs). The PARE is deemed incomplete if any of the three sections is not completed. <input type="checkbox"/> Completed the three sections of PARE and met the 4:45 min. standard <input type="checkbox"/> Completed the three sections of PARE, but did not meet the 4:45 min. standard <input type="checkbox"/> Did not complete the three sections of the PARE. (Explain in comments section). <input type="checkbox"/> Injury (before, during or after PARE) Explain in comments section.		
1			Test Time _____ min:sec		Penalties - Mat _____ (___ x 5 sec)				
2			Penalties - Sticks _____ (___ x 2 sec)		Total Test Time min:sec				
3									
4									
5									
Weight Carry <input type="checkbox"/> Complete <input type="checkbox"/> Not completed									
Post-PARE									
Blood Pressure (Repeat if > 160 / 90) 1 / 2 /				Heart Rate (Repeat if > 109) 1 2		PARE ended at hr min		Participant released at hr min	
Comments									
Provide more information for postponed or incomplete tests or injury during test and how candidate could improve if candidate was not successful.									
PARE Session									
PARE Test Centres (name, address, contact information) Centre stamp					PARE Administrator _____ <div style="text-align: center;">Surname</div> _____ <div style="text-align: center;">Given Name(s)</div>				

Signature of PARE Administrator

Test Date (yyyy-mm-dd)

Please Note:

1. Information for the exclusive use of the PARE Test Centre
2. This form is provided as a guideline for the administration of PARE. **This form should not be submitted to the Canada Border Services Agency.**
3. The personal information collected during the PARE test should not be disclosed to any third party.