



## PARE MEDICAL CLEARANCE - Part 1

(To be kept on Patient's Medical File at the Physician's office)

### PATIENT INFORMATION

Surname	Given Name(s)	Gender	Age	Date of Birth (yyyy-mm-dd)
		<input type="checkbox"/> M <input type="checkbox"/> F		

#### Note to Physician

The Physical Abilities Requirement Evaluation (PARE) is a maximal physical exertion test equivalent to an Exercise Stress Test at the 12 METS level. The following are risks factors to consider when assessing suitability for PARE.

#### A FOR ALL INDIVIDUALS - Pulmonary and Musculoskeletal Restrictions

(If yes to any ONE of the questions, patient should not undertake PARE)

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Pulmonary obstruction/restriction that would prevent maximal testing.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Needs to use a short acting inhaler immediately prior to participate in maximal testing.<br>(Short acting inhalers can only be used after the test if needed. Long acting or combined inhalers are allowed.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Musculoskeletal restrictions that could interfere with strenuous activities or maximal testing.  |

#### B FOR ALL INDIVIDUALS - High or Very High Cardiovascular Risk Factors (ATP III<sup>1</sup> & CMAJ<sup>2</sup>)

(If yes to ONE or MORE risk factors, it is recommended to send patient to an Exercise Stress Test before clearing for PARE.)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Previous CVA, MI, vascular surgery or any clinical evidence of atherosclerosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes <sup>3</sup>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Metabolic Syndrome   |

#### C FOR MEN > AGE 40 AND WOMEN > AGE 50 - Coronary Artery Disease Risk Factors (ACSM<sup>4</sup> & CSEP<sup>5</sup>)

(If yes to TWO or MORE risk factors, it is recommended to send patient for an Exercise Stress Test before clearing for PARE.)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of premature cardiovascular disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Cigarette smoking                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension <sup>6</sup>                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Dyslipidemia                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormal fasting glucose level                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Obesity <sup>7</sup>                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical inactivity                                |

#### D EXERCISE STRESS TEST (when required)

- |                          |                          |                                    |
|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Clinically positive for ischemia   |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrically positive for ischemia |
- \_\_\_\_\_ METS reached (12 METS are required prior to undertaking PARE)
- Additional tests (if needed, specify): \_\_\_\_\_

(1) Detection, Evaluation and Treatment of High Blood Cholesterol in Adults. (Adult Treatment Panel III). National Institute of Health. National Heart, Lung and Blood Institute.  
(2) Recommendations for the management of dyslipidemia and the prevention of cardiovascular disease: 2003 update. CMAJ appendix 2003; 168 (9) 921-924.  
(3) Report of the Expert committee on the Diagnosis and Classification of Diabetes Mellitus. Diabetes Care. 2003; 26 (supp 1):S5-S20.  
(4) American College of Sports Medicine. Cited in ACSM Guidelines for Exercise Testing and Prescription, Seventh Edition. 2006.  
(5) Canadian Society of Exercise Physiology. Professional Fitness & Lifestyle Consultant. Resource Manual. 2004.  
(6) Canadian recommendations for the management of hypertension (2005) www.hypertension.ca.  
(7) Canadian Guidelines for Body Weight Classification in Adults (2003) www.healthcanada.ca/nutrition.



## PARE MEDICAL CLEARANCE - Part 2

(To be provided to the PARE Participant once completed)

PATIENT INFORMATION					
Surname		Given Name(s)		Det./Unit	HRMIS No.
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age	Height (cm)	Weight (kg)	Resting Heart Rate	Resting Blood Pressure /

### Physician's Recommendations

*After reviewing Part 1 of the PARE Medical Clearance and evaluating the following risk factors:*

- Pulmonary Obstruction / Restriction
- Musculoskeletal Restrictions
- High or Very High Cardiovascular Risk Factors
- Coronary Artery Disease Risk Factors
- Exercise Stress Test to 12 METS, if applicable

*It is my professional opinion that the above named patient is:*

- ☐ medically fit to undertake the Physical Abilities Requirement Evaluation.
- ☐ not medically fit to undertake the Physical Abilities Requirement Evaluation.

Comments

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Physician Signature

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Date (yyyy-mm-dd)

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Physician's Stamp