



## BRANDON POLICE SERVICE

### CPAT Liability Release

WHEREAS \_\_\_\_\_ (hereinafter called the "Releasor") has applied for employment as a Brandon Community Cadet with the Brandon Police Service;

AND WHEREAS all applicants, as a condition of being considered for employment as a Brandon Community Cadet with the Brandon Police Service, must undergo and successfully complete physical ability and job related testing (hereinafter called the "testing");

AND WHEREAS the Releasor has agreed to undergo such testing;

NOW THEREFORE THIS RELEASE WITNESSETH AS FOLLOWS:

The Releasor does hereby release, remise and forever discharge the City of Brandon, the Brandon Police Service, the Chief of Police, their employees, servants and agents of and from all manners of claims, actions, causes of action, suits, debts, duties, accounts, bonds, covenants, contracts and demands whatsoever and/or proceedings for personal injury, loss, damage and/or compensation which the Releasor, his/her heirs, executors, administrators and assigns can, shall or may hereafter have which may arise out of, be connected with or be in any way or manner attributable to the Releasor's participation in the testing and/or to any act or omission, including any negligent and/or recess act or omission, or the City of Brandon, the Brandon Police Service, the Chief of Police, their employees, servants and agents, which the Releasor now has or may have or which the Releasor, his/her heirs, executors, administrators and assigns might hereafter have under any statute of the province of Manitoba or any other province in Canada, or any statue of Canada.

IN WITNESS WHEREOF the Releasor has hereunto set his/her hand this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_, in the presence of:

\_\_\_\_\_  
Releasor

\_\_\_\_\_  
Witness



## BRANDON POLICE SERVICE

### CPAT Medical Release

Name of Person Requesting Medical Examination (Please Print)
Address

Dear Doctor/Nurse Practitioner:

This person is an applicant to the Brandon Community Cadet Competition with Brandon Police Service. They will be required to perform a Cadet's Physical Abilities Test (CPAT). The test is designed to simulate and measure a Cadet's physical ability to respond to a critical incident. The test is conducted in a gymnasium and consists of six laps (400 meter run with the up and down stairs and jumping over low obstacles), 60lb push/pull, 50lb carry and has to be completed within 4:15. To minimize the chance of precipitating a major cardiovascular event, we are requesting that this person be examined 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 future peace officer related duties.

1. Hypertension with possible causative factors;
2. Diabetes Mellitus;
3. Persons with known heart disease or symptomatic cardiovascular disease including angina, breathlessness, palpitations, edema, syncope, dizziness;
4. Individuals with low fitness levels;
5. Acute systemic infections including viral respiratory infections;
6. Muscular and/or skeletal problems which may affect physical performance or present long-term limitations on the person;
7. Any other areas of concern: \_\_\_\_\_

<b>In your opinion is this person fit to complete the Cadet's Physical Exam?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments: _____ _____ _____	
Name of Doctor/Nurse Practitioner (Please Print)	Signature of Medical Doctor/Nurse Practitioner
Address	Date

## Brandon Police Service Applicant Vision Examination Report

APPLICANT PARTICULARS			
Surname	Given names		
Address			Postal Code
City	Province	Date of Birth	
YYYY MM DD			

### FINDING OF EYE EXAMINER

Visual Acuity - Far			
	Uncorrected	Corrected	Method of Measurement
Right Eye			Snellen <input type="checkbox"/>
Left Eye			Decimal <input type="checkbox"/>
Both Eye			AMA <input type="checkbox"/>
Visual Acuity - Near			
	Uncorrected	Corrected	Method of Measurement
Right Eye			Snellen <input type="checkbox"/>
Left Eye			Jaegar <input type="checkbox"/>
Both Eye			Point <input type="checkbox"/>

Visual Correction	Frequency of use:
Nil <input type="checkbox"/>	For Permanent Use <input type="checkbox"/>
Eyeglasses <input type="checkbox"/>	For Occasional Use <input type="checkbox"/>
Contact Lenses <input type="checkbox"/>	

Corrective Procedures	
Nil <input type="checkbox"/>	Detail of corrective procedures: (Include date of procedure, prior vision, complications, and prognosis. If space is insufficient, attach separate page. _____ _____ _____ _____ _____
Radial Keratotomy <input type="checkbox"/>	
Orthokeratology <input type="checkbox"/>	
Laser Keratectomy <input type="checkbox"/>	
X-Chrom Lenses <input type="checkbox"/>	
Other <input type="checkbox"/>	

### Visual Fields

A normal visual field for the purpose of this examination is defined as a vision of 120° in each eye in the horizontal plane and the absence of scotoma.

Normal

Defective (Details)

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### Diplopia

Absent

Present (Details)

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### Colour Vision

Use Ishihara Pseudo Isochromatic plates. If deficiency is found administer Farnsworth D-15 as an alternatively acceptable test. In the event of a colour vision deficiency, kindly attach actual Ishihara and Farnsworth D-15 results for subsequent review.

Normal

Deficiency

Other Conditions or comments: (If more space is required, please attach a separate page.) Please identify if and when the candidate has had corrective laser surgery.

## Vision Standards For Cadet Applicants Only

**Visual Acuity:**

Corrected vision (with glasses or contacts): Visual acuity must be at least 6/6 (20/20) in one eye and 6/9 (20/30) in the other.

Uncorrected vision (without glasses or contact lenses): Visual acuity must be at least 6/18 (20/60) in each eye OR 6/12 (20/40) in one eye and at least 6/30 (20/100) in the other eye.

This minimum vision acuity is required for safe performance of policing duties if glasses or contacts are lost or displaced.

**Field of Vision:**

Must be at least 150 degrees continuous along the horizontal meridian and 20 degrees continuous above and below fixation with both eyes opened and examined together.

**Depth Perception:**

Normal stereo vision (use of both eyes to judge distances) must be present. Stereo acuity must be a minimum of 70 seconds of arc or better on Titmus test.

**Colour Vision Testing:**

Using any standardized Pseudo-Isochromatic plates (Ishihara, A-O, HRR, Dvorine). If you correctly identify all patterns presented in such tests, your colour-vision will be considered normal.

If needed, further evaluation will be conducted with devices such as Farnsworth D-15 discs. If you demonstrate a colour-vision deficiency on the Farnsworth discs, you will not meet the vision standards requirements of the Brandon Police Service.

**Does the Candidate meet the standard stated above:**

**Yes**

**No**

## Particulars Regarding Examiner (Please Print)

Surname

Given Name

Initial

Qualifications

Address

Telephone

Date of Examination

Signature

## Brandon Police Service Applicant Hearing Examination Report

APPLICANT PARTICULARS		
Surname	Given names	
Address	Postal Code	
City	Province	Date of Birth <small>YYYY MM DD</small>

Findings of Examiner				
Standard dB Loss	500 Hz 25 db	1000 Hz 25 dB	2000 Hz 25 dB	3000 Hz 35 dB
Right Ear				
Left Ear				
Pure tone hearing loss in the worst ear may be no greater than the Standard dB Loss above or no greater than 30 dB at any one of the first 3 frequencies, and average of the 4 frequencies no greater than 30 dB.				

Other conditions or comments (If more space is required, please attach a separate page)

Hearing Standards
Pure tone reception threshold testing using appropriate psychophysical techniques be conducted at each of the following four frequency levels - 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz Each ear be tested separately Testing be conducted in an ANSI approved "soundproof" booth (ANI 83.1 - 1997), with equipment calibrated to ANSI standards (ANSI 83.6 - 1973) Testing be conducted under the supervision of a trained hearing specialist Applicants be tested without correction or amplification devices of any kind (including hearing aids)
<b>Does the candidate meets standard stated above:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

Particulars Regarding Examiner (Please Print)		
Surname	Given Name	Initial
Qualifications		
Address		
Telephone	Date of Examination	
Signature		



## SELF IDENTIFICATION QUESTIONNAIRE

The information collected on this form will be used by the Brandon Police Service and the City of Brandon for statistical purposes only.

**Completion of this document is VOLUNTARY and all information is confidential. It is mandatory that you return the form.**

Surname	Given Name(s)	Male <input type="checkbox"/>
		Female <input type="checkbox"/>

Are you by virtue of ethnicity:

**Caucasian**

**An Aboriginal Person**

Inuit

Métis

Treaty

Non-Treaty

Status

Non-Status

**Other Visible Minority Group** (please specify) \_\_\_\_\_