

ANNEX A  
CF PRIMARY RESERVE APPLICANT PHYSICAL FITNESS TEST  
CONSENT FOR TEST FORM – ADULT (AGE OF MAJORITY)

I, \_\_\_\_\_, the undersigned, do hereby  
acknowledge:

- My consent to perform the Canadian Forces Applicant Physical Fitness Test, which consists of stepping on double 20.3 cm steps at a speed appropriate to my age and gender, measurements of height and weight, performing maximal push-ups without a time limit, maximal sit-ups in one minute, and hand grip strength of my left and right hand, the results of which will determine my Physical Readiness for enrolment in the Canadian Forces and subsequent "Basic Training";
- My understanding that my heart rate and blood pressure will be measured prior to and upon completion of the step test and my heart rate at the completion of the test;
- My understanding that there are potential risks, i.e. episodes of transient light headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, and on extremely rare occasions heart attacks **and I assume willingly those risks;**
- My obligation to immediately inform the appraiser of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the evaluation;
- My understanding that I may stop any further testing, if I so desire, and that the evaluation may be terminated by the appraiser upon observation of any symptoms of undue distress or abnormal response;
- My understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during or after the evaluation; and
- That I have read, understood, and completed the Health Appraisal Questionnaire and answered "NO" to all questions or received clearance to participate from a licensed physician (must present a signed copy of the Physician's Referral Report).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_