

**ANNEX B  
CF PRIMARY RESERVE APPLICANT PHYSICAL FITNESS TEST  
CONSENT FOR TEST FORM – YOUTH (NOT OF AGE OF MAJORITY)**

I, \_\_\_\_\_, the undersigned, do hereby acknowledge  
That I am the parent/legal guardian of the dependent named below;

- My consent for my dependent 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 dependent's 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 his / her left and right hand, the results of which will determine my dependent's Physical Readiness for enrollment in the Canadian Forces and subsequent "Basic Training";
- My understanding that my dependent's heart rate and blood pressure will be measured prior to and upon completion of step test and his / her 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 on behalf of my dependent, assume willingly those risks;**
- The obligation of my dependent to immediately inform the appraiser of any pain, discomfort, fatigue, or any other symptoms that he / she may suffer during and immediately after the evaluation;
- My understanding that my dependent may stop any further testing, if he / she so desires, 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 and my dependent may ask any questions or request further explanation or information about the procedures at any time before, during or after the evaluation;
- That I have read, understood, and completed the Health Appraisal Questionnaire below and answered NO to all questions regarding my dependent or received clearance from my dependant's physician for him/her to participate (Must present a signed copy of the Physician's Referral Report).

**HEALTH APPRAISAL QUESTIONNAIRE**

This questionnaire is a screening device to identify personnel for whom fitness evaluations and physical activity might be inappropriate at this time.

To the best of your knowledge:

1. Does your dependent have a medical condition that restricts them from participating in a fitness evaluation or a progressive training program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does your dependent have arthritis or any other recurring problems with their shoulders, elbows, wrists, pelvis, back, hips, knees, ankles or feet which may prevent them from participating in a fitness evaluation or progressive training program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does your dependent experience pain, tightness, squeezing or heaviness in their chest when they exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does your dependent ever get dizzy or faint when they exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Has your dependent ever had a heart attack, stroke or heart-related problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does your dependent suffer from such things as asthma, bronchitis, emphysema, diabetes, hypoglycemia, epilepsy, high blood pressure or cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is your dependent pregnant or do you believe they might be?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is your dependent taking any medication (prescribed or otherwise) that could affect their ability to undertake a fitness evaluation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is there any other reason you believe your dependant should talk to a physician prior to their fitness evaluation or training program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby agree to assume full responsibility to instruct my dependent of the risks that I have assumed and about his / her responsibilities and options before, during and after the evaluation, as explained in this Consent Form.

Name of Dependent \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

I have read and understood this form in its entirety and I agree to participate in the Canadian Forces Reserve Applicant Physical Fitness Evaluation given these risks and responsibilities. I confirm that the information provided in the Health Appraisal Questionnaire above is true to the best of my knowledge.

Dependent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Remember: This form, properly completed, must be given to the Test Administrator or you will not be permitted to take the test.**