

CORRECTIONS OFFICER PHYSICAL ABILITIES TEST (COPAT)

MEDICAL EXAMINATION REPORT AND OPINION FORM
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To the Examining Physician:

The Nova Scotia Department of Justice requires that all personnel challenging the COPAT [“Candidates”] obtain third-party medical clearance. Candidates must present this form to a qualified physician who will assess whether they can safely participate in the COPAT.

The Department of Justice is requesting that you examine this person to determine whether the applicant is medically fit to participate in the COPAT.

Please review the description of the COPAT prior to your examination, then complete the required sections provided below.

Once completed, we ask that the Medical Examination Report and Opinion Form be sealed in the attached envelope and returned to the Candidate. The Candidate will be responsible to deliver the sealed envelope to the Department of Justice COPAT assessor.

Description of the COPAT:

As part of the qualification process, every Candidate must successfully complete the COPAT.

The COPAT is designed to measure the Candidate’s ability to carry out the physical demands that are part of a Sheriff’s duties. Each phase represents a different activity. The Candidate will be required to work maximally for up to 3:20 minutes.

- **The run phase.** This phase measures a Candidate’s ability to effectively respond to a situation. The Run Phase entails a timed 160 metres run during which the Candidate will be required to change directions several times, climb/vault over a 3 foot rail, run up and down 12 stairs 6 times, total of 72 stairs, and jump over 3 low obstacles.
- **The Push/Pull phase.** This phase measures the Candidate’s ability to exercise control over a person. The Push/Pull phase entails pulling and pushing a 70 lb weight off the floor using a pull and push apparatus designed for that purpose. The applicant will be required to walk their body back and forth in an arc movement keeping the weight raised a total of 6 times each.
- **The Squat/Thrust phase.** This phase measures whether the Candidate has the functional range of motion required to physically get up and down from both their chest and back a total of five times each. Between these chest and back movements the person will be required to get themselves over a 3 foot bar 9 times.
- **The Strength phase (Bag Carry).** This phase measures the Candidate’s ability to carry an object 70lbs over a distance of 50 feet. The Strength phase entails lifting a soft bag from the ground to their waist using their hands and carrying this for 50 feet.

We ask that you medically assess the Candidate in light of the physical demands described above.

We also request that your assessment consider any evidence of the following medical conditions or symptoms:

1. Hypertension with possible causative factors;
2. Diabetes Mellitus;
3. Known or suspected heart disease or symptomatic cardiovascular disease, including: angina, breathlessness, palpitations, edema, syncope, and/or dizziness;
4. Individuals with low fitness levels;
5. Acute systemic infections including viral respiratory infections;
6. Muscular and/or skeletal problems which affect physical performance; and
7. Any other reasons of concern.

A predictive body compositional analysis and resting blood pressure reading will be obtained from the Candidate prior to attempting the COPAT. Should they determine that the COPAT would place the Candidate at risk, the Candidate will not be allowed to participate in the test. For example, a Candidate with a resting blood pressure over 144/94 will not be permitted to attempt the COPAT.

All persons conducting the COPAT are trained to conduct predictive body compositional analysis and resting blood pressure reading.

Candidate: _____
Address: _____

In your opinion, is this Candidate at risk in completing the COPAT?	
Yes ____	No ____

Do you know of any other reason why this Candidate should not perform physical activity?

Signature of Medical Doctor _____ Date _____

Full Name and Address of Medical Doctor: _____

I have read, understood and reviewed the physical requirements of the COPAT test with my doctor and have disclosed all medical information that I believe to be relevant to my ability to safely perform the COPAT to my doctor.

COPAT Candidate's Name _____ Date _____

COPAT Candidate's Signature _____