



Functional Abilities Recruitment Evaluation (F.A.R.E.) – Paramedic / EMR (Alberta Health Services) Consent

Consent and Waiver of Liability Forms

In order to complete the Alberta Health Services (AHS) Functional Abilities Recruitment Evaluation (F.A.R.E.) we need your consent (“Consent”) prior to participating as this is a voluntary test. The F.A.R.E. is a test of your functional abilities in relation to the essential physical demands of the AHS Paramedic/EMR position. The evaluation will include, but is not limited to, tests of standing, sitting, reaching, bending, crouching, balancing, lifting, carrying, pushing and pulling and other tests of function as appropriate. Every test will be thoroughly explained prior to starting. A timed circuit test will be included in this protocol. You are encouraged to give your best effort during the evaluation so we can determine your maximum functional abilities in relation to the applied position. The results of the evaluation will be kept confidential and a certificate of completion will be issued to the participant following the successful completion of the F.A.R.E. test.

The F.A.R.E. test for paramedics and EMR applicants consists of:

1. Completion of a PAR-Q questionnaire. A cardiovascular screen including blood pressure and resting heart rate prior to beginning the physical component of the F.A.R.E. test
2. **A functional screen consisting of:**
 - a. Progressed in lifting a crate up to 48 kg (105 lbs.) of weight
 - b. Progressed in a crate front carry of up to 48 kg (105 lbs.) of weight
 - c. Progressed in a bilateral side carry of up to 9 kg (20 lbs.) of weight in each hand (*as per the physical demands analysis*)
 - d. Kneeling and forward trunk flexion simultaneously for 2 minutes
3. **Completion of one full circuit within 15 minutes of:**
 - a. Unloading, loading, lifting, pushing and pulling a stretcher with 95.5 kg (210 lbs.) with a partner.
 - b. Bilateral side carry of equipment bags of 9 kg (20 lbs.) over 20m, ascending and descending 10 stairs
 - c. Complete partner CPR utilizing Canadian Heart and Stroke standards for compression depth and compression cadence for a period of 2 minutes of uninterrupted CPR simulation
 - d. Lifting and carrying a long spine board with 95.5 kg (210 lbs.) and ascend and descend 10 stairs with a partner
 - e. Push a stair chair 10m with 95.5 kg (210 lbs.). Ascend and descend a total of 20 stairs with a partner, pushing/pulling the stair chair

I _____ understand the tests as they have been explained and demonstrated to me, and I have had the opportunity to ask questions and practice on the equipment. I will follow all safety procedures as outlined by the evaluator. Heart rate and blood pressure screening will be required before the test and I will immediately inform the evaluator of any pain, discomfort, fatigue, or other symptoms that I may suffer during or immediately following the test. I understand that there are certain known and unknown risks and dangers associated with taking the F.A.R.E. included, but not limited to: light headedness, fainting, chest discomfort, nausea, equipment failure, improper use of equipment and injury or death. The tests require exertion of maximal effort and my heart rate may reach its maximal level which will be sustained for several minutes during the tests. This test is physically demanding and will evaluate my muscular strength and ability to complete the



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critical job demands of the position being applied for. I willfully assume all such risks and dangers associated with taking the F.A.R.E. test.

I understand that:

- My blood pressure and heart rate will be monitored at the start, and my heart rate will be monitored throughout the test.
- All parts of the testing protocol will be explained and demonstrated.
- I have the opportunity to ask questions and practice the tests prior to being timed.
- I need to follow the safety instructions provided by the evaluators.
- I need to inform the evaluators of any pain, discomfort, fatigue or issues that arise during the testing or immediately following.
- The evaluators may ask me to stop the testing at any point where they feel that I may be putting myself at risk or completing a task in a manner that they feel is unsafe. At no time will the evaluators force me to continue with any of testing procedure(s) if I feel I cannot continue.
- I understand that there are potential risks associated with the test such as faintness, fatigue, and potential discomfort.
- I can stop the test at any time by notifying the evaluators.
- I am to follow any instructions that the evaluators give to me including safety instructions such as slowing down.

I, _____, have read and understand the testing procedures, risks and guidelines. If I have any questions, I can ask them at any point. I also understand that I can stop the test at any point without prejudice.

I also consent to allow Lifemark to release the successful result to Alberta Health Services upon request.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Protection of Privacy Act, for the purpose of managing the Consent for Disclosure of Personal Information process. This Consent form will be placed on the file in the coordinating office and retained for two years following authorization. Questions concerning the collection, use, and disposal of this information should be directed to: the Clinic Director at the testing location.



**Functional Abilities Recruitment Evaluation (F.A.R.E.) –
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Waiver of Liability**

By signing this document you are waiving certain legal rights, including the right to make a claim or pursue legal suit should you be injured while using a Lifemark and/or a Lifemark affiliate testing facility.

I give permission for myself, _____, to participate in the AHS F.A.R.E. listed on the attached Consent form. I understand the nature of the activity and that there are inherent risks and dangers associated with this activity and that I could sustain personal injury and/or death through participation in this activity and I am hereby accepting to take that risk on behalf of myself.

In consideration of Lifemark agreeing to my participation in the AHS F.A.R.E. test and permitting me the use of its equipment and facilities, and for other good and valuable consideration, the receipt of sufficiency of which is acknowledged, I hereby agree to protect and save harmless and indemnify Lifemark, Alberta Health Services and each of their board members, staff, suppliers, agents, affiliate facilities, and shareholders from and against any and all claims, expenses, costs, and demands relating to any injury and/or death arising out of myself participating in the AHS F.A.R.E. test that is being conducted on _____ (date) at _____ (time) and _____ (location).

I agree:

- To follow the rules and instruction provided by Lifemark in regards to the testing and testing facility.
- That I understand and acknowledge that there are risks associated with my participation in the F.A.R.E. which could result in injury and/or harm to myself.
- I do not have any medical conditions that would prevent me from participating in the AHS F.A.R.E. test and that I have completed and signed the Par-Q (Physical Activity Readiness Questionnaire).
- That I will not hold Lifemark and its affiliated facilities or Alberta Health Services responsible for any injuries I may sustain during the participation in the AHS F.A.R.E. test.

I, _____, hereby acknowledge that I have read and understand the contents of the waiver above. I understand that I am entitled to obtain legal advice relating to this waiver and hereby agree to waive my entitlement and accept full responsibility for any and all injuries and/or death as may be related to or resulting from participation in any/all Lifemark testing.

Applicant Name (Printed)	Signature	Date
Witness Name (Printed)	Witness Signature	