P.A.R.E. 
Physical Abilities Requirement Exercises 
Atlantic Police Academy 
The tests described on the back of this form are administered to determine whether you have the basic physical 
abilities (aerobic/anaerobic fitness, muscular strength and endurance as well as the motor skills) to learn, develop, 
and apply the skills necessary to undergo Police training. These tests should not be attempted if you have any 
medical conditions which may be adversely affected by vigorous and strenuous exercise. 
Please answer the following questions: 
Has your doctor ever said that you have a heart condition yes □ no □ 
Do you have unexplained pains in your chest area yes □ no □ 
Do you often feel faint or have spells of severe dizziness yes □ no □ 
Have you been told that your blood pressure is too high yes □ no □ 
Do you have recurrent and/or lasting joint or muscle pain yes □ no □ 
Are there any limitations on your ability to perform strenuous work yes □ no □ 
 
Prior to being accepted as a test candidate for the P.A.R.E. you must undergo a medical exam (using the Medical 
Form for Atlantic Police Academy Programs). Note: Please take this P.A.R.E. form and a copy of the completed 
Medical Form with you to the P.A.R.E. test. 
 
The tests that you will perform will be demonstrated and explained to you in detail prior to your performance. 
Further, you will be given ample practice time to acquire sufficient skills to assist you in completing your test. 
Before signing this statement of acknowledgement, please be certain that your concerns have been addressed. 
See details on the back of this form. 
 
Statement of Test Applicant 
 
I, (Name) _________________________________acknowledge that I have read the information on the back of 
this form and that I understand what is required to complete the P.A.R.E. Test. Further, it is my understanding that 
I will be working to my maximal physical abilities while performing these tests which will cause my cardiovascular 
(heart and blood vessels) and respiratory systems to respond maximally. I have no known medical or physical 
problems which may place me at risk during or following the performance of these tests. 
 
Signature ________________________________ Date ______________________ 
 
THIS PORTION TO BE COMPLETED BY TESTER 
 
Test time ________Heart rate ___________Blood pressure (pre-exercise) _____________ 
Problem areas: ____________________________________________________________ 
Pass _____ Fail ____ Candidate Informed yes ____ no ____ 
Comments_________________________________________________________________ 
Signature of Tester _______________________________ Date ______________________

STATION 1 ʹ MOBILITY/AGILITY RUN 
This