



Candidate Consent EMT-SAFE Testing

I _____ am aware that the EMT Screening Evaluation and Functional Evaluation (EMT-SAFE) is a physically demanding test evaluating capacity to complete the job demands required for required for ordinary work as an Emergency Medical Technician; Emergency Medical Technician – Paramedic. I understand that my performing will be evaluated based on minimum standards of cardiovascular functioning as well as biomechanical ability to safety perform these tasks.

NOW THEREFORE, in consideration of the foregoing, I, THE UNDERSIGNED, DO HEREBY AGREE to submit myself to all the physical/functional testing (EMT-SAFE) and consent to all necessary examinations, tests and other procedures required in the course of the evaluation by the staff of Saskatoon Health Authority.

I acknowledge and understand that these are teaching and training facilities and that the training of physicians, nurses, and other health care professionals is one of the activities of Saskatoon Health Authority, and I agree to allow these students/trainees to participate in my evaluation under the direct supervision of registered therapists.

I agree to the collection and use of information about me necessary for functional assessment, and for administrative and research purposes according to approved Saskatoon Health Authority policies and practices. Such information shall be kept confidential according to Saskatoon Health Authority policies and practices and applicable legislation.

I have had opportunity to review the requirements of the testing protocol as outlined in the information package, and to clarify any questions arising. I hereby further acknowledge that I submit myself to the said tests of my own free will and with full knowledge of their nature, and with full knowledge of the contents of this release. I understand that I am free to withdraw this consent at any time during the testing procedure. I understand that successful completion of the EMT-SAFE test is a condition of employment for Medavie Health Services West.

APPLICANT

WITNESS

DATE