

CHAPTER 6

PRIMARY RESERVE OPERATIONAL FITNESS STANDARD

GENERAL

The purpose of the Primary Reserve Operational Fitness Standard (PROFS) is to assess the physical fitness level of the Reserve applicant against the CAF Minimum Physical Fitness Standard (MPFS) prior to enrolment.

As of April 1st 2014, the FORCE Evaluation is conducted by unit recruiters or other CAF personnel designated by the unit who are FORCE Evaluator qualified. PSP fitness staff who are Qualified FORCE Evaluators may also conduct FORCE Evaluations for Reserve applicants.

The form used is the [DND 2212 \(Annex 6A\)](#). Be advised that there are differences between DND 2212 and the DND 279.

PART I: PRE-EVALUATION ADMINISTRATION

PRE-EVALUATION INSTRUCTION FOR RESERVE APPLICANTS

See [Ch. 3, Pre-evaluation Instructions for CAF Personnel](#) for the pre-evaluation instructions. A handout copy of the Pre-Evaluation Information & Instructions for Applicants is attached in [Annex 6B](#).

QUALIFIED FORCE EVALUATOR RESPONSIBILITIES

As described in [Ch. 3](#), only qualified FORCE Evaluators will administer PROFS .

EMERGENCY PROCEDURES

As described in [Ch. 3](#).

CONSENT FORM

Applicants must sign the applicable consent forms and waivers before proceeding with the evaluation ([Annex 6C](#) through [Annex 6F](#)).

PART II: EVALUATION SET-UP

EQUIPMENT FOR PROFS

See [Ch. 3, Equipment for the FORCE Evaluation](#).

EVALUATION CENTRE SET-UP

1. See [Ch. 3, Part II: Evaluation Set-up](#).
2. See [Tool 4: Sandbag Filling Process](#) and [Tool 6: Sandbag Drag Surface Calibration](#) for more information.

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PART III: REGISTRATION

INFORMATION SECURITY

The Primary Reserve Operational Fitness Standard Fitness Evaluation form (DND 2212) is a protected B document and should be treated as such. It is imperative that you clearly fill out the DND 2212, and follow the established guidelines to reduce extra work.

DND 2212 BLOCK A – APPLICANT’S PARTICULARS

1. Have the applicant complete Block A of the Primary Reserve Operational Fitness Standard Fitness Evaluation form (DND 2212).

| Block A - Bloc A / Applicants' particulars - Renseignements sur l'aspirant(e) | | | | | |
|---|-----------|---|--|---------------------------|---|
| Surname - Nom | | Init. | SN - NM | DOB - DDN (yyaa/mm/dd) | Emergency contacts - Next of kin (name / phone) Numéro d'urgence - Proche parent (nom / téléphone) |
| <input type="checkbox"/> Photo ID Carte photo | Age - Âge | Sex - Sexe <input type="checkbox"/> M <input type="checkbox"/> F | Consent form - Formulaire de consentement <input type="checkbox"/> Adult - Adulte <input type="checkbox"/> Youth - Mineur | | |
| Recruiting centre - Centre de recrutement | | Unit - Unité | | UIC - CIU | Physician (name / phone) Médecin (nom / téléphone) |
| <input type="checkbox"/> Initial evaluation - Première évaluation | | <input type="checkbox"/> Second evaluation - Deuxième évaluation | | | |
| <input type="checkbox"/> Other - Autre | | | | | |

2. Verify that the information required in Block A is complete and accurate. Check the applicant’s Photo ID, which can be a Driver’s License, Health Card, or Student ID. Place a checkmark in Block A: Photo ID. Do not proceed with the evaluation if you cannot confirm the applicant’s identity.
3. Have the applicant read and sign the Consent for Evaluation Form – Adult (Age of Majority) (Annex 6C) or Consent for Evaluation Form – Youth (Not of Age of Majority) (Annex 6D). **Applicants who are under the age of majority must present a consent form which has been signed by their parents / guardian. If they do not present the form, you cannot evaluate them. Place a checkmark in the appropriate box indicating which form is completed.**
4. Have the applicant read and sign the Release of Liability for the Primary Reserve Applicant Physical Fitness Evaluation Waiver (Annex 6E) or Release of Liability for the Primary Reserve Applicant Physical Fitness Evaluation Waiver for Minor (Annex 6F). **Applicants who are under the age of majority must present a waiver form which has been signed by their parents / guardian. If they do not present the form, you cannot evaluate them.**

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DND 2212 BLOCK B – HEALTH QUESTIONNAIRE

1. Have the applicant complete the Health Questionnaire and sign Block B of the DND 2212.

| Block B - Bloc B / Health questionnaire - Questionnaire sur la santé | | |
|---|--------------------------|---|
| <p>This questionnaire is a screening device to identify personnel for whom fitness evaluation and physical activity might be inappropriate at this time.</p> <p><i>To the best of my knowledge:</i></p> | | |
| | Yes Oui | No Non |
| 1. Do you have a medical condition which restricts you from participating in a fitness evaluation or a progressive training program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a bone or joint problem that could be made worse by becoming more physically active or which may prevent you from participating in a fitness evaluation or progressive training program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you experience pain, tightness, squeezing or a heaviness in your chest when you exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever get dizzy or faint when you exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had a heart attack, a stroke or other heart-related problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you suffer from such things as asthma, bronchitis, emphysema, diabetes, hypoglycemia, epilepsy, high blood pressure or cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you pregnant or do you believe that you might be? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you taking medication (prescribed or otherwise) that could affect your ability to undertake a fitness evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there any other reason you would need to talk to a physician prior to your fitness evaluation or training program? | <input type="checkbox"/> | <input type="checkbox"/> |
| Applicant's signature - Signature de l'aspirant(e) | | <input type="checkbox"/> Physician referral report Rapport d'évaluation du médecin |
| | | Date (yyaa-mm-dj) |

2. Prior to attempting the evaluation, all applicants must complete the Health Questionnaire which consists of nine questions. Instruct applicants to carefully read and honestly answer all questions. This procedure is necessary to identify potential issues that require a medical consultation prior to an evaluation.
3. If the applicant answers “NO” to all the questions, you can proceed to complete Block C – Evaluator’s Observation and Block D – Blood Pressure.

| Block C - Bloc C / Evaluator's observation Observations de l'évaluateur | Block D - Bloc D / Blood pressure Tension artérielle |
|--|--|
| | Resting blood pressure - Tension artérielle au repos |
| | First measure - Première mesure |
| | Systolic _____ Diastolic _____ |
| | Systolique _____ Diastolique _____ |
| | Second measure (if required) - Deuxième mesure (si nécessaire) |
| | Systolic _____ Diastolic _____ |
| | Systolique _____ Diastolique _____ |

4. If the applicant answers “YES” to any of the questions in Block B, only Block D needs to be completed.

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BLOCK D (BLOOD PRESSURE)

1. Evaluators will complete Block D – Blood Pressure once they have verified the applicant’s Blood Pressure (BP). If the BP meets the pre-screening criteria (less than or equal to 144 / 94 mmHg), the applicant is cleared and can proceed with the evaluation.
2. Applicants with BP above the pre-screening criteria (less than or equal to 144 / 94 mmHg) can wait five minutes and have their BP taken a second time. Note all measures taken on the form (DND 2212). If their BP meets the pre-screening criteria they can proceed with the evaluation.
3. If, on the second attempt, their BP does not meet the pre-screening criteria, refer the applicant to their physician with a Physician Referral Report. Explain briefly to the applicant that the BP readings are slightly out of the range for which the evaluation was designed and that the evaluation will not continue at that moment (unless cleared by a licensed physician in the applicant’s Physician Referral Report).
4. Refer to **Tool 7** for Blood Pressure measurement procedures.

NOTE: Evaluators will use an Automated Blood Pressure machine to measure BP.

5. Following the completion of Block D, the applicant will return to their physician with **Annex 6– G (Physician Referral Report)** for clearance. An applicant who is referred to their physician should be told that there is no cause for alarm, but that the Health Appraisal is designed to work as a safety precaution.

DND 2212 BLOCK C – EVALUATOR’S OBSERVATIONS

| Block C - Bloc C / Evaluator's observation Observations de l'évaluateur | | | |
|--|--------------------------|--------------------------|--------------------------------|
| | Yes Oui | No Non | |
| Difficulty breathing at rest | <input type="checkbox"/> | <input type="checkbox"/> | Difficulté à respirer au repos |
| Persistent cough | <input type="checkbox"/> | <input type="checkbox"/> | Toux persistante |
| Lower extremity swelling | <input type="checkbox"/> | <input type="checkbox"/> | Enflure des membres inférieurs |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Autres : _____ |

1. Although the Health Questionnaire in Block B identifies most concerns for which a fitness evaluation would be inappropriate for the applicant, you may also make some general observations during the screening process.

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The evaluation **shall not** proceed if the applicant:

- a. Demonstrates difficulty breathing at rest.
 - b. Coughs persistently.
 - c. Is ill or has a fever.
 - d. Has lower-extremity swelling.
 - e. Has another reason, which you believe would predispose them to unnecessary discomfort or risk.
2. The evaluator has the obligation and authority to deny the evaluation if they assess that the applicant would be at risk, for any reason, if the applicant were to undertake the evaluation.
 3. The evaluator will confirm that the applicant has followed the Pre-Evaluation Instructions. If the instructions were not adhered to, advise the applicant that the results of the evaluation may be negatively affected. Based on the evaluator's judgement, they may also consider the possibility of not proceeding with the evaluation because of these observations.

Referral to a Physician

1. Refer applicants to a Physician using the Physician Referral Report at [Annex 6-G](#), when:
 - a. The applicant answers "YES" to any of the nine questions of the Health Questionnaire on the DND 2212 (Block B).
or
 - b. Their measured blood pressure exceeds 144 / 94 mmHg after two attempts (Block D).
or
 - c. The applicant develops any symptoms, which in the experience of the evaluator or the applicant are outside of those normally encountered.
or
 - d. The evaluator becomes concerned for the applicant's safety due to immediate signs of serious distress.

NOTE: Do not attempt to diagnose or discuss in detail why the applicant had a "YES" response or why their blood pressure is above the criteria for pre-screening. The FORCE Evaluation is physically demanding and can be an inappropriate evaluation for some applicants.

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2. The Physician Referral Report will indicate that the attending physician has cleared the applicant for evaluation. In the case of an applicant's BP not meeting the pre-screening criteria, their resting BP at the time of the referral examination will be entered on the form, along with any notes that the physician wishes to convey to you.
3. The Physician Referral Report will be valid for a maximum of six months unless a shorter period is stated.

Referral Process

1. If a Physician Referral Report is being submitted as part of the evaluation process, check the appropriate box in Block B.
2. The evaluator will compare the findings of the assessment to those of the examining physician:
 - a. If the findings are similar to those explained in the Physician Referral Report, and all other considerations are acceptable, proceed with the evaluation.
 - b. If the findings are significantly different than the ones of the examining physician, the evaluator has the obligation not to proceed with the evaluation at that time. For example, it is reported on the Physician's Report Form fit for evaluation with BP up to 150 / 95 mmHg and the evaluator's measurements were 180 / 100 mmHg.
3. If the evaluator is satisfied that it is safe to proceed with the evaluation, they can proceed to collect the following data and administer the evaluation.

PART IV: MINIMUM PHYSICAL FITNESS STANDARDS

See [Ch. 3, Part V, Table 2](#)

PART V: FORCE EVALUATION

INFORMATION BRIEFING

See [Ch. 3, Part V](#) and [Tools 4–7](#).

WARM-UP / EVALUATION PREPARATION

See [Tool 14: Warm-up / Evaluation Preparation](#) for more details.

EVALUATION PROCEDURES

See [Ch. 3, Part V](#) for Evaluation Procedures.

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NOTE:

1. The applicant must complete all tasks of the evaluation once started, even if they failed one or more tasks (i.e., administer the Rushes even if the applicant did not meet the standard for the Sandbag Drag).
2. In the event of a previous failure, the applicant must complete the full evaluation upon re-evaluation.

There is no authorized alternate or modified protocol for PROFS. Applicants unable to perform the FORCE Evaluation will not be able to enroll in the CAF Reserves.

PART VI: EVALUATION RESULTS

Complete Block E – FORCE Evaluation of the **DND 2212** form according to the instructions in **Ch. 3, Part VI**.

| Block E - Bloc E / FORCE Evaluation - Évaluation | | | | | |
|---|----------------|---|---|----------------|---|
| Sandbag Lift - Soulever des sacs de sable | | | 20 metre Rushes - Course de 20 mètres | | |
| Time/Temps (m:ss) | Standard Norme | <input type="checkbox"/> Met - Satisfait | Time/Temps (m:ss) | Standard Norme | <input type="checkbox"/> Met - Satisfait |
| <input type="text"/> : <input type="text"/> | 3 min 30 s | <input type="checkbox"/> Did not meet - N'a pas satisfait | <input type="text"/> : <input type="text"/> | 51 s | <input type="checkbox"/> Did not meet - N'a pas satisfait |
| Intermittent Loaded Shuttle Course - navette intermittente avec charge | | | Sandbag Drag - Traction de sacs de sable | | |
| Time/Temps (m:ss) | Standard Norme | <input type="checkbox"/> Met - Satisfait | Completion Compléter | | <input type="checkbox"/> Met - Satisfait |
| <input type="text"/> : <input type="text"/> | 5 min 21 s | <input type="checkbox"/> Did not meet - N'a pas satisfait | <input type="text"/> | | <input type="checkbox"/> Did not meet - N'a pas satisfait |

- a. **Met standard:** Insert an “x” in the corresponding box.
 - b. **Did not meet standard:** Insert an “x” in the corresponding box.
1. If a fitness evaluation is terminated by either an applicant or the evaluator, the result will be recorded as a failure. The applicant may re-attempt the fitness evaluation after a minimum of 30 days has passed from the initial attempt. The evaluator has the discretion to make alternate arrangements depending on specific cases. After the first re-test, the applicant will be responsible for covering any costs associated with the administration of the evaluation.
 2. The evaluation results are valid for a period of 365 days.

DND 2212 Block F - Certification of Evaluation

| Block F - Bloc F / Certification of Evaluation - Attestation d'évaluation | | |
|---|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Applicant name (print) - Nom de l'aspirant(e) (en lettre moulées) | Applicant signature - Signature de l'aspirant(e) | Date (yyaa/mm/dd) |

Have the applicant print and sign their name in the appropriate space.

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DND 2212 Block G - Results

| | | |
|--|------------------------------------|-----------------------------------|
| Block G - Bloc G / Results - Résultats | | |
| Physical fitness evaluation results - Résultats de l'évaluation de la condition physique | | |
| Met MPFS - Atteint NMCP | <input type="checkbox"/> Yes - Oui | <input type="checkbox"/> No - Non |
| Evaluator's signature - Signature de l'évaluateur | | |
| <hr/> | <hr/> | <hr/> |
| Name (print) - Nom (en lettre moulées) | Signature | Date (yyaa/mm/aj) |

Insert an "x" in the corresponding box.

The evaluator is to print, sign and date in the appropriate spaces.

PART VII: PROCESSING FORCE EVALUATION INFORMATION

1. We recommend that you encourage the applicant to continue with their physical fitness training program, stressing that a high level of physical fitness will help with the rigours of CAF Basic Training.

DISTRIBUTION OF THE DND 2212 FORM

1. The evaluator is responsible for recording the evaluation results on the DND 2212 form and for delivering the original evaluation results.
2. **Copy 1:** Along with the Consent for Evaluation Form (adult or youth), and Physician Referral Report (if provided): CFRC for which the evaluation was performed.
3. **Copy 2:** Applicant.
4. **Copy 3:** Along with the Release of Liability for the FORCE Reserve Applicant Program Evaluation Waiver of Claims, Assumption of Risks and Indemnification Agreement: Unit to retain for UPR.
5. Only the original 3-copy DND 2212 form is to be used; no photocopies are permitted. The evaluator is responsible for ordering the form available through the Government of Canada Cataloguing System.