



**PHYSICAL FITNESS ASSESSMENT**  
**Sign-off Form**

PARAMEDIC ACADEMY JANUARY 2006



## Applicant

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Fitness Professional

**Name:** \_\_\_\_\_

**CSEP certification level:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The Canadian Physical Appraisal of Fitness and Lifestyle Approach (CPAFLA) – 3<sup>rd</sup> Edition has been completed according to all published procedures and protocols and the information contained on the **Client Information Sheet** and **Personal Health Benefit Ratings Summary** is accurate and valid for the above named applicant.

\_\_\_\_\_  
**Signature of Fitness Professional**

\_\_\_\_\_  
**Date**

Distribution: Candidate – keeps original for submission with application package  
Fitness Professional – please take a photocopy for your records