

SCHEDULE "B"

PHYSICAL ACHIEVEMENT TEST (PAT-ENPQ) REPORT

Last Name _____	First Name _____
Permanent Code _____	Sex _____
College Institution _____	Assessment Date _____
A.E.C. <input type="checkbox"/> yes	
Address _____	
Postal Code _____	Telephone _____
E-mail address _____	

20-METRE SHUTTLE RUN TEST, WITH 1 MINUTE STAGES
(Minimum to be achieved: 6.5 stages)

Wave number: _____	
Group: _____	Number of completed stages: _____ , _____
Bib number: _____	
Administrator's initials: _____	Result: P <input type="checkbox"/> F <input type="checkbox"/>

TIMED CIRCUIT
(Maximum duration of 392 seconds)

	Timed circuit elapsed time	Faults – <i>The ditch</i>						
		Call	Centre	Reception				
Light targets	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="height:20px;"></td></tr> <tr><td style="height:20px;"></td></tr> <tr><td style="height:20px;"></td></tr> </table>				Lap 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total penalties*	Lap 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Total time	Lap 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		* 3 sec.	* 10 sec.	* 3 sec.				
Administrator's initials: _____		Result: P <input type="checkbox"/>	F <input type="checkbox"/>					

AUTONOMOUS STATIONS

	Stages of CPR (Chronological order)	Order
Push-up tests/number ① ② ③ ④ P <input type="checkbox"/> F <input type="checkbox"/>	Check state of consciousness	
Pull-up tests/number ① ② ③ ④ P <input type="checkbox"/> F <input type="checkbox"/>	Give 30 compressions	
Carrying an unconscious victim P <input type="checkbox"/> F <input type="checkbox"/>	Open the airway	
CPR P <input type="checkbox"/> F <input type="checkbox"/>	Give 2 breaths	
Time lapsed when the applicant checked the state of consciousness: _____		
Total time for 3 rd section: _____		
Administrator's initials: _____	Result: P <input type="checkbox"/>	F <input type="checkbox"/>

RESULT

Final result: P F Note: P = Pass F = Fail

Signature of person in charge of assessment _____