

## ATS Forms

[Online PAR-Q+ Instructions](#)

[Police Constable Medical Referral Form](#)

[Special Constable Medical Referral Form](#)

[Vision Referral Forms](#)

\*\*Please note that all completed forms may be returned to the ATS office by:

**Mail:** 540 Clarke Road, Unit 14, London, ON. N5V 2C7

**Email:** ats@applicanttesting.com

**Fax:** 519-659-8757