

**ATS Forms**

[Online PAR-Q+ Instructions](#)

[Police Constable Medical Referral Form](#)

[Special Constable Medical Referral Form](#)

[Vision Referral Forms](#)

[Hearing 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](mailto:ats@applicanttesting.com)

**Fax:** 519-659-8757