



State of New Jersey  
OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CRIMINAL JUSTICE

PHILIP D. MURPHY  
Governor

MATTHEW J. PLATKIN  
Attorney General

TAHESHA L. WAY  
Lt. Governor

PO Box 085  
TRENTON, NJ 08625-0085  
TELEPHONE: (609) 984-6500

J. STEPHEN FERKETIC  
Director

MEDICAL CERTIFICATION FORM

Candidate's Name: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_

\_\_\_\_\_

Candidate's Date of Birth: \_\_\_\_\_

Candidate's last four of Social Security Number: \_\_\_\_\_

The above named candidate will participate in a physical agility test as outlined below. Kindly examine the candidate to determine his/her fitness for participation in this physical agility test.

1. VERTICAL JUMP (Minimum Requirement of 15 inches)
2. SIT-UPS (Minimum Required Proper Form Repetitions 28 in 60 seconds)
3. 300 METER RUN (Minimum Required Time of 70.1 seconds or less)
4. PUSH-UPS (Minimum Required Proper Form Repetitions 24 in 60 seconds)
5. 1.5 MILE RUN (Minimum Required Time 15:55 minutes or less)

The candidate is required to perform their maximum amount of exercises in the given time permitted. Based upon the medical examination, the above named candidate is determined to be:

(Check one)

\_\_\_\_\_ Medically fit to participate in the physical agility test.

\_\_\_\_\_ Not medically fit to participate in the physical agility test.

Physician's Name: \_\_\_\_\_

Physician's address: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature and License Number

\_\_\_\_\_  
Date:

