



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

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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 12.5 inches, 3 attempts)
2. SIT-UPS (Minimum Required Proper Form Repetitions 22 in 60 seconds)
3. 300 METER RUN (Minimum Required Time of 84 seconds or less)
4. PUSH-UPS (Minimum Required Proper Form Repetitions 19 in 60 seconds)
5. 1.5 MILE RUN (Minimum Required Time 19:00 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:

