

PHYSICAL TEST RECORD

TO BE FILLED OUT BY A PHYSICIAN LICENSED IN THE STATE OF N.J. AND RETURNED TO WEST BERLIN FIRE-RESCUE. ALL SECTIONS OF THE PHYSICAL MUST BE PROPERLY FILLED OUT OR THE APPLICATION WILL BE RETURNED.

PLEASE PRINT

NAME _____
FIRST M.I. LAST SEX

AGE _____ HEIGHT _____ ft _____ in WEIGHT _____ lbs

EYESIGHT L _____ / _____ R HEARING _____ BLOOD PRESSURE _____ / _____
(CORRECTED NUMBERS PLEASE) (NUMBERS PLEASE)

HAS APPLICANT ANY APPARENT DISABILITIES IN:

FACIAL _____ PULMONARY _____

CARDIO PULMONARY _____ VASCULAR _____

ABDOMEN _____ GENITOURINARY _____

MUSCULO-SKELETAL _____ OTHER _____

HAS APPLICANT EVER SUFFERED FROM INJURY? _____ YES _____ NO

IF SO WHEN? _____

DESCRIBE _____

The applicant is free of any medical or physical conditions that would cause harm to him/her or any other firefighter(s). YES _____ NO _____

REJECTION IS BASED ON THE FOLLOWING:

REMARKS:

I CERTIFY THAT AS A PRACTICING PHYSICIAN IN THE STATE OF NEW JERSEY, THE APPLICANT IS FREE FROM ANY ACUTE OR CRONIC DISEASE AND HAS NO PHYSICAL DEFECTS THAT WOULD HINDER HIS/HER ABILITY TO PERFORM THE DUTIES OF A FIREFIGHTER.

DATE EXAMINED _____ EXAMINED AT _____
ADDRESS OF OFFICE

PHYSICIAN'S NAME _____ PHYSICIAN'S SIGNATURE _____