

**POLICE AND FIREMEN'S RETIREMENT SYSTEM
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**

REPORT OF EXAMINING PHYSICIAN

The following report must be completed within one year prior to the Enrollment Application by a physician representing the employing agency and retained for auditing review.

Applicant: _____ Social Security Number: _____

Name of Employer: _____
Municipality *County*

State Agency: _____
Department *Division*

Height: _____ Weight: _____ History: _____
(operations, diseases, nervous disorders, disability awards, etc.)

Teeth: _____ Mouth: _____ Nose: _____ Throat: _____ Hearing: _____ Vision: _____

Color Test: _____ Chest: _____ Lungs: _____ Heart: _____

Blood Pressure: _____ Pulse: _____ Extremities: _____ Reflexes: _____

Feet-toes: _____ Hernia: _____ Hemorrhoids: _____

Urine: Sp. Gr.: _____ Reaction: _____ Sugar: _____

Remarks: _____

MARK ONE

Is

Is not



physically capable of sustaining the labors and exposures in the performance of their duties.

(Date)

(Signature of the Physician representing the Employer)

IMPORTANT: EXAMINING PHYSICIAN'S REPORT MUST BE KEPT IN FILE FOR AUDITING.