



NEW JERSEY STATE POLICE

2016

Physician Authorization to Participate in Physical Agility Testing (C20)

Dear Physician:

The following named individual is a New Jersey State Trooper:
(Name & Address must be completed by Trooper)

Name: _____ Badge #: _____

Address: _____

The New Jersey State Police require Troopers to participate in an annual physical fitness program. Prior to participation, Troopers are required to receive an annual medical examination from a treating physician of their choosing. Troopers are encouraged to see their own primary care physician with whom they already have a relationship.

The NJ State Health Benefits Program (SHBP) will cover the cost of this requirement as an annual physical based upon the agreement between the participating physician and the insurance carrier.



Note: Letters of agreement from the two SHBPs (NJPlus and Aetna) are included and Troopers are to provide a copy to their primary care physician.

Before a Trooper is permitted to participate in the physical fitness program, a statement must be obtained from a licensed physician stating that the Trooper can safely participate. Therefore, we ask that you administer/review all medical documents and tests, and the attached description of the New Jersey State Police Physical Agility Test prior to marking the applicable statement below:

PHYSICIAN'S STATEMENT *(MUST check one box)*

I have reviewed the results of **ALL** medical documents and tests (as delineated above), as well as the attached description of the New Jersey State Police Physical Agility Test, and find the above named Trooper **can** safely participate in the program.

I have reviewed the results of **ALL** medical documents and tests (as delineated above), as well as the attached description of the New Jersey State Police Physical Agility Test, and find the above named Trooper **cannot** safely participate in the program.

 **Date Examined by Physician:** _____ 

Physician's Signature *Date*

Please type or print:

Physician's Name: _____ Telephone: _____

Address: _____

Physician's License Number: _____

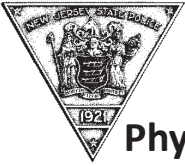
This form is valid for one year from date of physician's examination

NOTE: Any misrepresentation or omission of required documents may preclude a Trooper from participating in the State Police Physical Fitness Program. Questions of a medical nature may be directed to the Medical Services Unit at (609) 882-2000 ext. 2540.

YEAR: _____
BADGE: _____

FOR OFFICIAL USE ONLY

HAS PARTICIPATION BEEN AUTHORIZED?
 YES
 NO



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Components of this examination ***must*** include the following elements:

A. **Personal History** (See Annual Medical History Form S.P. 117)

B. **Physical Examination** (See Annual Medical History Form S.P. 117)

C. **MANDATORY Labs and Testing**

(Note: Referrals MAY BE REQUIRED for the following tests.)

1. Audiogram
(Note: The included sample audiogram represents an example of an acceptable test as required by PEOSH.)
2. Standard 12-Lead EKG with written and signed Interpretation
3. CBC with Differential and Platelet Count
4. Comprehensive Metabolic Panel
5. Lipid Panel
6. Urinalysis
7. Hemocult
8. Blood Lead Level*

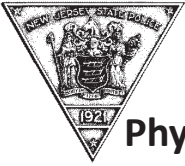
The New Jersey State Police Physical Agility Test consists of the following:

Timed Push-ups

All members must complete 32 repetitions of this muscular strength and endurance exercise within two minutes. The participant will perform the push-ups utilizing the following method:

- a. Assume the front-leaning rest position by placing the hands where they are comfortable
- b. Feet may be together or up to 12 inches apart. When viewed from the side, the body should form a generally straight line from the shoulders to the ankles
- c. Begin the push-up by bending the elbows and lowering the entire body as a single unit until the upper arms are at least parallel to the ground, and return to the original position

* Blood Lead Levels are required for the following members: Armorer Unit (K110), Arson/Bomb Unit (V120), Ballistics Unit (H140), Firearms & Self Defense Unit (K120), Hazardous Materials Resp. Unit (P170), TEAMS Units (V130), and all Range: Masters/Assistants/Instructors.



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1.5 Mile Run*

The purpose of this test is to evaluate aerobic capacity. On the command "GO," Troopers will run 1.5 miles on a marked course within 13 minutes.

34 Sit-ups

All members must complete 34 repetitions of this muscular strength and endurance exercise within two minutes. The participant will perform the situps in one of the following manners:

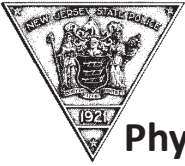
- a. Lie on back, bending the knees, fingers interlocked behind the head with feet being held by a partner (or otherwise appropriately secured)
- b. Curl torso to upright position, touch elbows to knees, and return to the original position
- c. Lie on back, bending the knees, arms bent at the elbow, forearms positioned in a crisscross fashion across the chest, with feet being held by a partner (or otherwise appropriately secured). Curl torso to upright position, touch elbows to thighs, and return to the original position

Flexibility Assessment (Trunk Flexion Test)

The participant will perform the flexibility assessment in the following manner:

- a. Sit on the floor and place the soles of the feet against a box, which is equipped with a measuring stick upon its horizontal surface
- b. Slowly reach forward with both hands even, keeping the legs straight and knees locked, and push the measuring stick forward to a comfortable position
- c. The test will be performed twice, with the best of two efforts being recorded
- d. Members should stretch while waiting to be tested

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- * Alternative testing for 1.5 mile run:
1. 550 yard swim in 12 minutes
 2. Pedaling a stationary bicycle for a sufficient period of time to measure the established VO2 max standard



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Dear Physician:

The following ACOEM guidelines for additional cardiac testing of Law Enforcement Officers are provided for your clinical consideration:

1. Exercise Stress Test (EST) every 1 to 3 years:

- A. Due to the risk of silent ischemia, a Trooper with diabetes mellitus and any one (1) or more of the following should have an EST conducted:
 - Age > 35
 - Type 2 Diabetes Mellitus > 10 years duration
 - Type 1 Diabetes Mellitus > 15 years duration
 - Peripheral Vascular Disease
 - Autonomic Neuropathy
 - Presence of Microvascular Disease (retinopathy; nephropathy; etc.)

- B. Troopers Age > 45 years should have an EST if they have any of the following risk factors:
 - Hypercholesterolemia – total > 240 mg/dL or LDL > 160 mg/dL or HDL < 35 mg/dL
 - Hypertension: systolic BP > 140 mm Hg or diastolic BP > 90 mmHg or any treated HTN
 - Tobacco smoking and/or chewing
 - Family History of heart attack or sudden death in first degree relative < 60 years of age

- C. Troopers with known coronary artery disease with or without re-vascularization shall have an EST, preferably a nuclear EST, every two years.
 1. Hypertension – evaluation and treatment per JNC 7 guidelines. Do not use beta blockers, if needed call for guidance.
 2. Diabetes:
 - A. Hgb A1C > 8 % indicates problematic management, and further evaluation and treatment is warranted.
 - B. Trooper should not be experiencing severe hypoglycemia (loss of consciousness, seizures or coma requiring assistance of others) or needing urgent treatment (glucagon injections/IV glucose) or blood sugars < 60 mg/dL with unawareness in current blood glucose logs.

Reference: ACOEM Guidance for the Medical Evaluation of Law Enforcement Officers



State Health Benefits Program
School Employees' Health Benefits Program
Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com/shbp

Important Information about the New Jersey State Police 2016 Annual Medical Exam Requirement

New Jersey State Police enrolled in **NJ DIRECT**, the **OMNIA Health Plan** or **Horizon HMO** are covered for one in-network, annual physical each calendar year. Employees may use this covered benefit to complete the New Jersey State Police Annual Medical Examination requirement and obtain physician authorization to participate in physical-agility testing.

The 2016 Annual Medical Examination period runs from February 8, 2016 through June 10, 2016.

To be eligible for reimbursement, all services associated with the annual medical examination must be provided by health care professionals who participate in the Horizon Managed Care Network. These services are **not** covered if performed by an out-of-network, or nonparticipating, health care professional.

The 2016 Annual Medical Examination includes:

- Personal history
- Family history
- Physical examination
- Mandatory labs and testing

Detailed information about the annual medical examination is provided in the *New Jersey State Police Physician Authorization to Participate in Physical Agility Testing* form. Some services, such as audiogram, EKG and Pap tests, may be performed by a participating specialist and, if so, will require a separate appointment. Referrals are required for specialty care under Horizon HMO.

All lab tests must be administered by Laboratory Corporation of America, Inc. (LabCorp), Horizon Blue Cross Blue Shield of New Jersey's exclusive laboratory services provider. Visit **LabCorp.com/PSC** to find a convenient patient service center and to schedule an appointment online for laboratory testing.

Preventive medical evaluations submitted with a preventive medicine CPT® code do not require a copayment. Services billed as *Office* or *Other Outpatient Consultations* require a copayment.

Your Primary Care Physician (PCP) can complete the *Physician Authorization to Participate in Physical Agility Testing* form and the applicable sections of the *Annual Medical History* form and return them to you for submission to the Occupational Health Bureau. If your health care professional's office charges a fee to complete the medical forms, you are responsible for paying the fee.

Remember, you can also earn NJWELL activity points for completing your physical exam and for submitting your NJWELL Physician Health Screening Form (included in this packet). NJWELL is an incentive-based wellness program offered to active employees and their covered spouses who participate in the SHBP/SEHBP. To learn more about NJWELL, visit **nj.gov/njwell**.

If you have any questions regarding benefits or eligibility, sign in to Member Online Services at **HorizonBlue.com/shbp** or call Horizon BCBSNJ Member Services at **1-800-414-SHBP (7427)**.

CPT® is a registered mark of the American Medical Association.

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30981 (0115)



New Jersey State Police enrolled with Aetna 2016 Annual Medical Exam

Dear Physician or Health Care Professional:

New Jersey State Trooper routine physical and employer-mandated physical exams

These Troopers are Aetna members and are covered under the State of New Jersey State Health Benefits Program. These members may use their one in-network, annual physical to complete the **Annual Medical Examination** requirement and obtain physician authorization to participate in physical-agility testing.

Key facts you need to know

- Employer mandated physical exams are covered.
- Employer mandated physical exams are a prerequisite for participation in an employer-mandated physical fitness test. This test is required as a condition of continuing employment.
- The employer-mandated physical exam is covered **in lieu of** the annual routine physical exam that the plan covers. These members are permitted to complete their Annual Medical exam once every calendar year.
- Non-participating providers would not be reimbursed by Aetna for either the routine exam or the employer mandated physical exam. Emergency services are covered, even if the provider is not in the network.
- Primary Care Physicians are asked to complete the **Physician Authorization to Participate in Physical Agility Testing** and the applicable sections of the **Annual Medical History Form** and return them to the member for submission to the Occupational Health Bureau. If a fee is charged for the completion of medical forms, the member will be responsible for that payment.

We're here to answer your questions

If you have questions, please call our Provider Service Center at **1-800-624-0756**.

Sample AUDIOGRAM

Sir or Madam:

Recently you had an annual hearing test as part of your company's hearing conservation program, which is administered in compliance with federal regulation and guidelines from the Occupational Safety and Health Administration. This letter informs you of your test results.

<u>Date</u>	<u>Time</u>	<u>Left Thresholds</u>						<u>Right Thresholds</u>						<u>Model</u>	<u>Serial</u>	<u>AudCal</u>		
		<u>500</u>	<u>1K</u>	<u>2K</u>	<u>3K</u>	<u>4K</u>	<u>6K</u>	<u>8K</u>	<u>500</u>	<u>1K</u>	<u>2K</u>	<u>3K</u>	<u>4K</u>	<u>6K</u>	<u>8K</u>			

Current Test

CCA-100m 63351

CCA-100m 63351

Baseline

CCA-100m 63351

CCA-100m 63351

Your most recent hearing test did not show a standard threshold shift as defined by OSHA.

Your test met one or more referral conditions of the American Academy of Otolaryngology-Head and Neck Surgery Foundation that were approved in 1996. You may want to see your doctor or audiologist about the conditions below if you have not already done so.

Your first test shows a possible hearing loss for sounds used to hear speech.

Your first test shows a difference in hearing between your left and right ears.

Your company nurse or Safety Manager will be glad to discuss your test results with you should you have any questions. Continue to use hearing protection when exposed to loud noise, whether on or off the job.

Sincerely,

Examiner

Date

Subject

Date

Subject Notification Letter

Subject Information:

Company: Hire Date:
 Badge: Language: English
 Name: Location:
 Birth Date:
 Sex:
 Status:
 In Program:
 Comment:

Audiograms:

ANSI S3.6-1989

Date	Time	LB	RB	Left Thresholds								Right Thresholds								2K, 3K, 4K Results	
				500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K	Left	Right		
		SR	SR	50	45	20	25	35	40	30	20	15	5	10	10	20	0	First Test	First Test		

Most Recent Test:

Examiner:
 Model: CCA-100m
 Hours Since Last Exposure:
 Exposure:
 Department:
 Job:
 Shift:
 Protector Type:
 Protector Use:
 Comment:

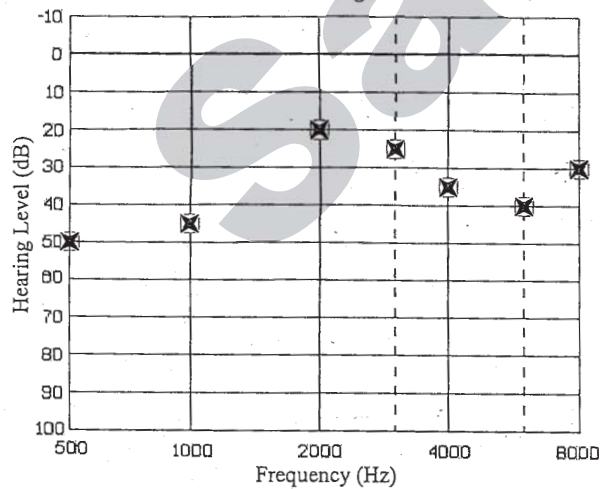
Serial:
 Cal Date:
 Lf Otoscope:
 Rt Otoscope:
 Training:
 Refer Subject:
 Self Eval:

Most Recent Analysis:

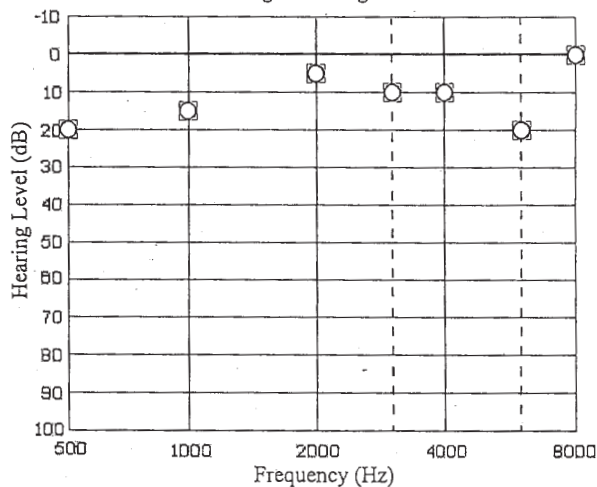
Standard Threshold Shift (with Age Correction):
 Possible OSHA Recordable Shift: 29 CFR 1904.10 - 2002
 Current OSHA STS Trend (2,3,4K Avg.):
 Speech Frequency Average (.5,1,2,3K Avg.):
 High Frequency Average (4,6,8K Avg.):

Left Right

Left Audiogram



Right Audiogram



✕Left ○Right □ Baseline

Examiner _____ Date _____

Subject _____ Date _____