



NEW JERSEY STATE POLICE
2018

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: _____

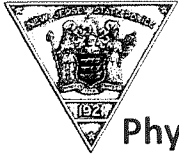
Address: _____

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:

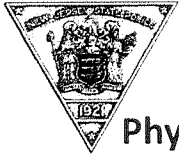
- a. Lie on back, bending the knees, fingers interlocked behind the head with feet being held by a partner (or otherwise appropriately secured)
- b. Curl torso to upright position, touch elbows to knees, and return to the original position
- c. Lie on back, bending the knees, arms bent at the elbow,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

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>		
		500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K			

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 Information:

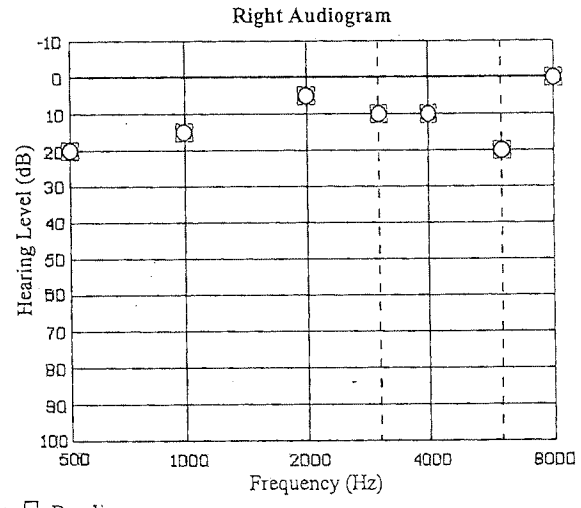
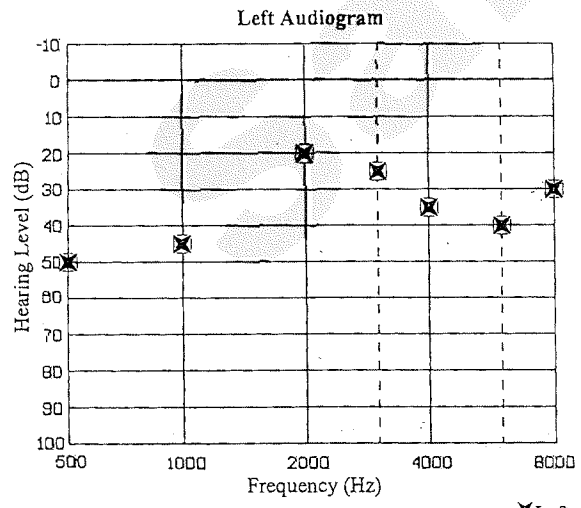
Company: Hire Date:
 Badge: Language: English
 Name: Location:
 Birth Date:
 Sex:
 Status:
 In Program:
 Comment:

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: Serial:
 Model: CCA-100m Cal Date:
 Hours Since Last Exposure: Lf Otoscope:
 Exposure: Rt Otoscope:
 Department: Training:
 Job: Refer Subject:
 Shift: Self Eval:
 Protector Type:
 Protector Use:
 Comment:

Most Recent Analysis: Left Right
 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 □ Baseline

Examiner _____ Date _____ Subject _____ Date _____