



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF THE ATTORNEY GENERAL
POLICE TRAINING COMMISSION
PO BOX 085
TRENTON, NJ 08625-0080

MIKIE SHERRILL
Governor
DR. DALE G. CALDWELL
Lt. Governor

JENNIFER DAVENPORT
Attorney General
JOHN F. CUNNINGHAM
Administrator

(Required when PTC-6 indicates Medically Not Fit)

(Please Print)

Candidate's Name: _____

PTC Identification # _____

Candidates's Employing Agency: _____

Agency Address: _____

PTC- Approved School

Candidate Will Attend: _____

Name of Course: _____ Course Dates: _____

Physician's Name: _____

Physician's Address: _____

Based upon the medical examination and review of the Health History Statement, the above-named individual is determined to be:

(Check one)

Medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program without limitations.

Not medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program.

Physician Signature and License No.

Date