



PHILIP D. MURPHY  
Governor

TAHESHA L. WAY  
Lt. Governor

State of New Jersey  
OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
OFFICE OF PUBLIC INTEGRITY AND ACCOUNTABILITY  
25 MARKET STREET  
PO BOX 085  
TRENTON, NJ 08625-0085

MATTHEW J. PLATKIN  
Attorney General

THOMAS J. EICHER  
Executive Director

**Medical Certification Form**  
**(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