



State of New Jersey

CHRIS CHRISTIE
Governor

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Lieutenant Governor

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
POLICE TRAINING COMMISSION
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PAULA T. DOW
Attorney General

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Director

Dear Trainee:

As part of the basic course you are planning to attend, you will be required to participate in certain training requiring physical activity. Depending on the basic course you are entering, these activities may include physical conditioning training, defensive tactics (unarmed defense), physical restraint training, baton training, exposure to chemical agents, and firearms training.* The purpose of this letter is to advise you that under N.J.A.C. 13:1-8.1(a)5, you are required to obtain medical clearance from a licensed physician prior to participation in the basic course.

The medical clearance is required to provide reasonable assurance that there is no medical reason why you should not participate in the training program. To obtain medical clearance, it is necessary for you to complete the Health History Statement (PTC-7) and to provide the completed statement to the examining physician. Please complete the Health History Statement prior to your physical examination.

Along with the Health History Statement and this letter to you, your agency chief (or designee) will provide you with the Medical Certification Form (PTC-8) and a letter to the examining physician. Please provide the following to the examining physician:

- Letter to the physician
- Health History Statement (PTC-7 completed)
- Medical Certification Form (PTC-8)
- An envelope which is marked Confidential and is addressed to the chief executive of the employing agency

* These activities are fully described in the Letter to the Physician which your agency chief (or designee) will provide to you for submission to your examining physician. For your information, please review the description of physical activities that are applicable to the basic course you plan to attend.



The physician will be asked to return the completed Medical Certification Form to your agency. Medical clearance will depend upon the information contained in your Health History Statement and the results of your medical examination.

Thank you for your cooperation in complying with commission requirements regarding medical clearance and best wishes for success in your career.

Very truly yours,

A handwritten signature in black ink, appearing to read "John-Robin M. Quelch".

John-Robin M. Quelch, Deputy Director
Division of Criminal Justice