



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

REPORT OF EXAMINING PHYSICIAN FOR THE POLICE AND FIREMEN'S RETIREMENT SYSTEM (PFRS)

The following report must be completed within one year of submission of the *Enrollment Application* by a physician representing the employing agency and retained for auditing review.

Applicant _____ Social Security Number _____

Name of Employer _____
Municipality *County*

State Agency _____
Department *Division*

Height _____ Weight _____ History _____
Operations, Diseases, Nervous Disorders, Disability Awards, etc.

Teeth _____ Mouth _____ Nose _____ Throat _____ Hearing _____ Vision _____

Color Test _____ Chest _____ Lungs _____ Heart _____

Blood Pressure _____ Pulse _____ Extremities _____ Reflexes _____

Feet/Toes _____ Hernia _____ Hemorrhoids _____

Urine: Sp. Gr. _____ Reaction _____ Sugar _____

Remarks _____

Choose One

Is Is not physically capable of sustaining the labors and exposures in the performance of his/her duties.

Signature of the physician representing the employer / _____ / _____
Date

Note: Examining physician's report must be kept in file for auditing.