



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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MARK ONE**

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of the physician representing the employer*

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