



# State of New Hampshire

DEPARTMENT OF SAFETY  
John J. Barthelmes, Commissioner of Safety  
**Division of State Police**

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305  
Telephone: 603-271-2575



Colonel Frederick H. Booth  
*Director*

Dear Doctor:

Please print:

Your patient's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

is planning to participate in the fitness assessment test given to NH State Police Probationary Trooper applicants. The test involves a single bench press, sit-ups, push-ups, and a 1½ mile indoor run.

Applicants must have this form completed prior to participating in the test.

**EACH SECTION MUST BE COMPLETED IN FULL.**

### VISUAL ACUITY (If applicant wears corrective lenses, test and record with and without lenses)

a. Without corrective lenses: Right: 20/	Left: 20/	Binocular: 20/	Depth perception
b. With corrective lenses: Right: 20/	Left: 20/	Binocular: 20/	Color perception
c. Pupils: Equal?		Reaction?	
d. Form fields of vision (temporal):			
(Record degrees of fields obtained by instrumentation or confrontation above)			
Right eye:		Left eye:	
Each eye on zero line:			
e. Note evidence of disease or injury:			

### CARDIOVASCULAR SYSTEM (Complete each block)

Type of Activity:	Blood Pressure	Pulse Rate	Sounds	Rhythm
a. At rest				
b. Immediately following moderate exercise				
<b>***Moderate exercise may include jumping jacks and/or running in place for 3 minutes.***</b>				
c. Three minutes after exercise				
d. Note circulation to extremities:				
e. Note any abnormalities:				

\_\_\_ I know of no reason why this applicant may not participate in the physical fitness test.

\_\_\_ I recommend the applicant NOT participate in the physical fitness test.

Doctor's Name (Please print): \_\_\_\_\_ Tel. No.:(\_\_\_\_\_)\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_