



# State of New Hampshire

DEPARTMENT OF SAFETY  
Robert L. Quinn, Commissioner of Safety  
**Division of State Police**



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

Colonel Nathan A. Noyes  
Director

Dear Doctor / Physician Assistant / Nurse Practitioner:

Please print:

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

Address \_\_\_\_\_

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

**Applicants must have EACH SECTION BELOW COMPLETED IN FULL in order to participate.**

**VISUAL ACUITY: Stereoscopic 20/40 uncorrected vision is required for eligibility for the position. If applicant wears corrective lenses, test and record with and without lenses. If applicant does not wear corrective lenses, mark "N/A" for acuities on line b. Color perception is required. Moderate or severe Color Vision Deficiency will render a candidate ineligible. Mild Color Vision Deficiency is acceptable.**

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?	Reactive?		
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 moderate 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.

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

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

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