

Physical Test Record (Valid for one (1) year from the Date Examined)

To be filled out by a Physician, Nurse Practitioner or Physician's Assistant that is licensed in the State of New Jersey. Once the Physical has been completed, this form should be returned to the Local Relief Association Secretary at the address listed below. All sections of the Physical must be properly filled out. If improperly filled out or questions are left blank, the Physical will be returned for correction or completion.

Please Print

Name _____
First
Middle Initial
Last
Sex

W. N. L.

Age _____ Height _____ Ft. _____ In. Weight _____ Lbs. Hearing: Other: _____ BP _____
(Numbers Please)

Eyesight: Left _____ Right _____ Both (Corrected) _____
(Numbers Please)
(Monocular Vision Permitted)

Has Applicant any apparent disabilities in:

Facial _____	Pulmonary _____
Cardio Pulmonary _____	Vascular _____
Abdomen _____	Genitourinary _____
Musculo-Skeletal _____	Other _____

The Applicant is free of any, other than listed above, medical or physical conditions that would cause harm to him/her or any other firefighter(s): YES NO (If no, explain below)

Has Applicant ever suffered from injury? YES NO If so, what and when? _____

Remarks / or rejection is based on: _____

I CERTIFY THAT AS A PRACTICING PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT LICENSED IN THE STATE OF NEW JERSEY, THE APPLICANT IS FREE FROM ANY ACUTE OR CHRONIC DISEASE AND HAS NO PHYSICAL DEFECTS THAT WOULD HINDER HIS/HER ABILITY TO PERFORM THE DUTIES OF A FIREFIGHTER.

Date Examined _____ Examined at _____
Address of office

Examiner's Phone # _____

Print Examiner's Name _____

Signature of Examiner _____

- Physician
- Nurse Practitioner
- Physician's Ass't

* If a Nurse Practitioner or Physician's Assistant, please indicate the name of the collaborating or supervising physician *

NPI Number _____

Print Physician's Name _____

THE NEW JERSEY STATE FIREMEN'S ASSOCIATION RESERVES THE RIGHT TO HAVE THIS APPLICATION REVIEWED BY A MEDICAL DOCTOR OF ITS CHOICE, INCLUDING A NEW PHYSICAL EXAMINATION IF NECESSARY.

This Application/Physical must be returned to the local Relief Association Secretary:

Local Relief Secretary Name _____

Address _____

Zip code _____

ASSOCIATION #	COMPANY #	LINE #
FOR STATE OFFICE USE ONLY		

New Jersey State
Firemen's Association
Application for Membership

Form 100 – REV 5/19

Date _____

Relief Association Name _____ Assoc. Number _____ Municipality _____ County _____

Fire Company Name _____ Fire Department Name _____

Applicant Name _____

First Middle Initial Last Suffix

Home Address _____

Street Municipality Zip Code # of years

Date of Birth _____ Birth Place _____ SS # _____

(REQUIRED)

Applicant Phone Number _____ Applicant Email Address _____

Have you ever applied to be a member of the NJSFA? Yes No If yes, when _____ where _____

If you have a line number with another Relief Association: Stay with previous Association Move records to new Association

Signature of Applicant (witnessed by a Notary Public): _____

State of New Jersey, County of _____

On _____, 20____ before me, _____, Notary Public in and for said county, personally appeared _____, (signer) who has satisfactorily identified himself/herself as the signer to the above referenced document.

My Commission Expires: _____ Notary Public Signature _____ [Place Notary Stamp Here]

Signature of Relief Association Secretary _____ Signature of Chief of Department _____

Type of Firefighter the Applicant will be: Career (full time paid) Volunteer

Municipal/Fire District Approval: I hereby certify that this applicant was admitted to active membership in the Department and has been approved by the governing body of _____ on the ____ day of _____, 20____.

Signature of Municipal Clerk/Board of Fire Commissioners: _____

- A. Application portion should be completed by Applicant – Typed or Printed ONLY
- B. Application must have the Physical Test Record completed by a New Jersey Licensed Physician, Nurse Practitioner or Physician's Assistant
- C. The completed Application and Physical Test Record must be returned to the Local Relief Secretary
- D. The Local Relief Secretary shall review the application for completeness, attain the proper signatures, and forward to the NJSFA State office.

The Applicant is not a member of the NJSFA until the completed **ORIGINAL** application is received **AND** approved at the NJSFA State office.