



## NEW JERSEY STATE POLICE

# Trooper Youth Week - Physician Medical Approval Form

Dear Physician:

The following individual has submitted an application to participate in the New Jersey State Police (NJSP) Trooper Youth Week Program.

Name: \_\_\_\_\_

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

As part of the Trooper Youth Week Program, the NJSP requires each applicant to undergo a medical examination by a licensed physician. Trooper Youth Applicants should be in good physical health and able to participate in physical fitness activities (marching, running on all surfaces [blacktop, grass, sand]), calisthenics and organized athletic sports. Trooper Youth Week is a residential program. Applicants receive room and board at the NJSP Academy in Sea Girt, NJ.

### Physician's Statement (Please check one box)

- ☐ I have examined the above named applicant and find he/she can safely perform in the program.  
☐ I have examined the above named applicant and find he/she cannot safely perform in the program.

▼ Examination shall be consistent with the 2014 14-Element AHA/ACC Recommendations.

▼ Examination date MAY NOT be greater than one year old from the last day the applicant attends the Trooper Youth Week Program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Please Type or Print:

Physician's Name: \_\_\_\_\_

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

Affix Physician's Office Stamp:

(Must be M.D. or D.O.; Physician Assistant or Nurse Practitioner is NOT acceptable.)



### The 14-Element, American Heart Association/American College of Cardiology Recommendations for Preparticipation Cardiovascular Screening of Competitive Athletes:

#### (Personal history)

1. Exertional chest pain/discomfort
2. Unexplained syncope/near-syncope†
3. Excessive exertional and unexplained dyspnea/fatigue, associated with exercise
4. Prior recognition of a heart murmur
5. Elevated systemic blood pressure

#### (Family history)

6. Premature death (sudden and unexpected, or otherwise) before age 50 years due to heart disease, in one or more relatives
7. Disability from heart disease in a close relative under 50 years of age
8. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias

#### (Physical examination)

9. Heart murmur‡
10. Femoral pulses to exclude aortic coarctation
11. Physical stigmata of Marfan syndrome
12. Brachial artery blood pressure (sitting position) §
13. If individual has been restricted from participation in sports in the past
14. If individual has had prior testing for the heart, ordered by a health care provider

\*Parental verification is recommended for high school and middle school athletes.

†Judged not to be neurocardiogenic (vasovagal); of particular concern when related to exertion.

‡Auscultation should be performed in both supine and standing positions (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction.

§Preferably taken in both arms.

Please list any relevant restrictions or limitations if any: