



# NEW JERSEY DEPARTMENT OF PERSONNEL MEDICAL AUTHORIZATION

For Make-up Examinations Involving  
Professional Engineering Promotional Announcements  
and All Public Safety Announcements

Test security is of critical concern in authorizing make-up examinations. A request for a make-up examination on medical grounds for **all** police and fire examinations or professional level engineering promotional examinations may only be authorized in cases of a debilitating injury or illness requiring an extended convalescent period. We understand that a candidate may not be able to return to work while he or she is being treated. **However, the issue is whether or not the candidate is able to take a written or oral examination on the scheduled date.**

PLEASE PRINT

Return the Completed Form with additional documentation, if needed, to:

NJDOP Information Center  
Attn: Make-up Requests  
P O Box 310  
Trenton, NJ 08625-0310

You may also fax it to:  
Fax: (609) 984-1064  
If you have any questions:  
Telephone:  
(609) 292-4144

NAME OF CANDIDATE		APP. ID/SOCIAL SECURITY NUMBER	TEST DATE
EXAM TITLE		EXAM SYMBOL	
NAME OF PHYSICIAN ( <i>print</i> )	PHYSICIAN'S LICENSE #	PHYSICIAN BUSINESS TELEPHONE (      )	
PHYSICIAN ADDRESS  _____			

## Special Accommodations

In many cases, candidates who request a make-up are actually able to take the examination as scheduled when we provide special accommodations at the testing center. The following are some examples of accommodations that we can arrange:

- A separate room with someone on our staff to read the test out loud and/or mark the candidate's answers on his or her answer sheet.
- A separate room to allow the candidate freedom of movement during the test if he or she cannot sit at a desk for an extended period of time.
- Different seating arrangements to allow a candidate to keep his or her limb(s) straight. (Some candidates have brought their own reclining chairs because they were unable to sit up.)
- Extra time to take the test may be allowed depending on the situation.

## Physician's Diagnosis and Certification

Please note any information regarding your patient's medical condition will be kept STRICTLY CONFIDENTIAL and in a separate file with the Department of Personnel

Will the above candidate be able to take the examination as scheduled if the Department of Personnel provides special accommodations such as those indicated above?

YES Please indicate below what accommodations are needed and why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NO For this make-up request to be considered, you must complete this form and provide a separate detailed certification containing a diagnosis and statement clearly indicating why the above candidate's physical condition will preclude him or her from taking the examination as scheduled. It should include the date the injury/illness began, the date of his/her last office visit and the earliest date that the candidate can take this test. The documentation must be on official letterhead, written in layman's terms and legible. A form letter will not be accepted. If insufficient, untimely, or illegible information is provided, the candidate's request will be denied.

**I CERTIFY** that the foregoing statements along with any additional statements made on the attached sheets are true. I am aware that, if any of these statements are willfully false, I am subject to punishment under penalty of law.

Signature of Physician: ► \_\_\_\_\_  
Date: ► \_\_\_\_\_