



Applicant/ Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

### Physical Exam

The aforementioned individual is:

- Medically acceptable for the position offered with no restrictions.
- Medically acceptable for the position offered, except that a condition exists which limits work as follows:\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Free of communicable diseases at this time, detectable by a general physical exam and the results of any laboratory tests obtained.
- Placed on medical hold pending:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN:** Signature: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

\* In compliance with the Americans with Disabilities Act, the medical examiner may not list on this form either medical diagnoses or conditions. Only restrictions and/or job-related tasks that cannot be adequately performed by the applicant/employee are to be listed.