



Healthcare Solutions
937-854-5940

PRE-EMPLOYMENT PHYSICAL CLEARANCE FORM

First Name:	MI:
Last Name:	
Job Title:	
Work-Site Location:	
Employee Signature:	Date:

MEDICAL EVALUATION

<input type="checkbox"/> 1. Applicant IS cleared for employment.
<input type="checkbox"/> 2. Awaiting additional medical information to determine if Applicant is cleared for employment.
<input type="checkbox"/> 3. Applicant IS NOT cleared for employment.
Provider (PRINT):
Telephone:
Provider Signature:
Date:

ADDITIONAL MEDICAL INFORMATION RECEIVED:

<input type="checkbox"/> 1. Applicant IS cleared for employment.
<input type="checkbox"/> 2. Applicant IS NOT cleared for employment.
Provider (PRINT):
Provider Signature:
Date: