

MEDICAL RELEASE

Applicant Name **Position**

Based on qualifications presented on your application form and/or in your job interview, you are hereby, offered a job with our organization conditional upon submitting to our standard medical review and the verification of your answers to the following questions. Your job offer cannot and will not be rescinded unless a medical review reveals that you cannot perform the essential functions of the job (with accommodations if requested), or you present a hazard to yourself or others. False or misleading statements are also grounds for rescinding this offer. This form must be accurate and complete for us to process. This information is considered personal and medical in nature and will be treated as such by handling it confidentially in strict compliance with the American with Disabilities Act.

TO BE FILLED IN BY EXAMINING PHYSICIAN

DATE OF EXAMINATION: _____ DATE OF BIRTH: _____

Please explain any physical, medical, or psychological conditions that would require accommodations to perform, or prevent from performing job requirements:

PHYSICIAN’S STATEMENT

I have examined the individual named above, and to the best of my knowledge, he/she is in good physical and mental health, free of any communicable diseases, and is able to perform in his/her profession at full capacity.

General Comments:

Signature of Physician: _____ **Date:** _____

Printed Name of Physician: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

