

Free Physical Form for Work Template

Applicant Information

- Name: _____
- DOB: _____
- Job Title: _____
- Department: _____

Examination Details

- Height: _____
- Weight: _____
- Blood Pressure: _____
- Vision: Left __ Right __

Assessment

- Medical Clearance: ☐ Yes ☐ No
- Limitations: _____
- Recommendations: _____

Healthcare Provider Signature: _____ Date: _____

Consent: I, the undersigned, consent to the release of these medical findings to my prospective employer.

Signature: _____ Date: _____