

# Employment Dot Physical Form

## Employee Information

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

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

Employee ID (if applicable): \_\_\_\_\_

## Examination Details

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Vision:

Corrected

Uncorrected

Examination Aspect	Result	Pass/Fail	Comments
Reflexes		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Hearing		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Blood Sugar		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

## Certification

I certify that the above individual is:

Fit for Employment

Unfit for Employment (reason): \_\_\_\_\_

## Signatures

Medical Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

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