



Physical Exam

I have examined _____ and to the best of my knowledge, he/she is in
(Name)
good physical and mental health and free of any communicable diseases. Employee is fit for duty without restrictions including being capable of performing max-assist patient transfers and able to function in his/her profession at full capacity. By signing below, I certify that the above information is valid.

Physician's Signature: _____

Physician's Name Printed: _____

Date of Exam: _____

Address: _____

Phone: _____