



Pre-Placement Physical Instructions

_____ is looking forward to providing health care services for your applicants and employees. To provide the best health care possible, the team needs you to provide us with the following information:

- A copy of all current job descriptions, including physical requirements and environmental conditions. The examination and any medical conclusions will be based on the information furnished by the employer and the physician's general understanding of the requirements of the jobs of similar nature.

OR

- Fax a copy of each individual applicant's relevant job description and the Employer's Authorization for Examination or Treatment form to us prior to the applicant's arrival.

Based on its health screening/physical examination of a job applicant/employee, we will advise

_____ (Business Name/Contact) of the following:

- The applicant/employee's physical limitations, if any, and the specific job tasks which cannot be performed and/or environmental conditions, if any, which are related to the risk to health and safety
- Changes that may be made to permit the job tasks to be performed

We will not determine whether job tasks are essential to the position in question. Any changes that are recommended are advisory only, based on the Physician's general understanding of the job and environment in question, and are not intended to supplant the right of the Employer to determine what modifications are available and reasonable.

We will also:

- Notify your employee/applicant of any non-job-related medical condition, identified during the limited medical evaluation that we believe requires further attention.
- If we deem it necessary, we will recommend that your employee or applicant seek care from their personal provider, encouraging health and wellness, leading to a more productive workforce.
- If they don't have a personal provider we keep a list of providers and specialists in each office.

Business Representative Information:

Signature Today's Date ____/____/____

Print Name Title _____

Address

City State Zip

Phone Email _____