



Medical Staffing Solutions

"The Solution to your Staffing Needs"

Pre-Employment Physical Form

Employee Name:

Does the associate have any physical condition, or any other condition, which would limit his/her ability to perform essential functions?

(Double click the appropriate box and click "checked") Yes No

If yes, indicate specific restrictions or accommodations:

I have examined on and
Name Date
have found him / her to be free from TB and other communicable diseases.

Physician Information:

Physician's Name:

Clinic:

Address: Ste.

City: State: Zip:

Phone number:

Physician Signature:

Date: