

Employee Physical Examination

After completing the physical examination of the employee

(Mr./Mrs./Ms) _____, I confirm that he/she is physically qualified and fir to engage in any type of activity for which the organization has employed him/her, and he/she is physically fit to reside in at _____ (location/country).

Name of Physician _____

Signature _____ Date: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____ Fax: _____

Details of Examinee:

Name of examinee: _____

Employee Number: _____ Date: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

Citizenship: _____ SSN: _____

Mailing Address

City: _____

State: _____

Zip: _____

Employers Address

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Fax: _____

Name and number of health plan

If dependent, name of sponsor

Employee Physical Exam Form

G Thomas

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the name bar.

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