

McLaren Occupational Health
1254 North Main Street
Lapeer, MI 48446
(810) 667-7040 / (810) 667-7066 fax

PRE-EMPLOYMENT PHYSICAL EXAM – CLEARANCE FORM

Name: _____ Date of Birth: _____

____ Accepted ____ Declined

Accepted with recommended accommodations: _____

Further testing required to evaluate ability or risk: _____

Medical Hold – (waiting for additional data): _____

Additional Comments: _____

Name of examining provider (print) _____ Date/Time of Exam _____

Address _____ Telephone _____

Signature of examining provider _____

Patient Name:

Date of Birth

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