



UHMS FITNESS FOR DUTY REPORT

NAME _____ DATE _____

JOB TITLE _____

Examination: Initial
 Periodic
 Other: _____

The following medical recommendation is based on a review of the history, physical examination and any ancillary testing. This recommendation is for the specific job title listed above.

STATUS

- Employable without accommodation
 Employable without accommodation pending drug screen | x-rays | lab work
 Employable with accommodation if accommodations are available:

- Employable with accommodation if accommodations are available pending drug screen | x-rays | lab work

- Medical Hold:

- Does not meet job requirements even with accommodations:

I have been informed of all medical findings and authorize the release of the history, physical exam and test results to the employer.

Signature of Employee/Applicant

 Licensed Practitioner

 Hyperbaric Specialist