



Occupational Medicine: Post Offer Evaluation - Patient to Complete Shaded Area

Date:	<input type="text"/>	Patient name:	<input type="text"/>
Patient SSN#:	<input type="text"/>	Date of Birth:	<input type="text"/>
Company Name:	<input type="text"/>	Phone:	<input type="text"/>
Company Contact:	<input type="text"/>		

Clinic Use Only:

Functional Capacity Evaluation

This applicant was tested using a state-of-the-art functional testing system. Tests were performed to determine his/her capacity to perform at the essential demand level of the job for which they are being considered for employment. Upon review of the evaluation results, it is the determination of this evaluator that this applicant **is capable** or **is not capable** of performing at the level sufficient to execute the essential demands of the position for which he/she is being considered for employment with minimal risk of injury.

Evaluator's Signature:

Pulmonary Function Test **TM Perforation** Yes No

Respirator Form: Yes No Fit test done here Yes No PFT Done: Yes No

Respirator Fit: The above name employee is approved to be fitted for respirator use. Yes No

X-Ray Evaluation

<input type="checkbox"/> Chest X-Ray	<input type="checkbox"/> Back X-Ray	<input type="checkbox"/> Other X-Ray _____
<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
<input type="checkbox"/> Abnormal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Abnormal

Audiogram Evaluation

OSHA

Physical Examination

Pass Without Restrictions
 Rejected

PFT/Resp. Fit Only

Pass
 Rejected

Chest X-ray only

Normal
 Abnormal

If the applicant did not meet the specified requirements, please explain:

Physician Signature: Date: