MEDICAL EXAMINATION

REPORT TO EMPLOYING AGENCY

M E M O R A N D U M

TO: _____
(Employing Agency)

_____
(Address)

FROM: _____
(Name)

_____
(Address)

_____
(Address)

In reviewing the medical information/examination of _____, for a _____
(Name of Applicant)

position and performed on _____ by _____, M.D., of _____,
(Date) (Name) (Address)

the physical demands of the position and the working conditions under which work is performed as approved by the State Personnel Board and described in the procedure manual, have been compared with the health status of said prospective employee and the following report is submitted for your consideration:

1. Physically capable to meet the demands of position with:

a) No limitations ( )
b) Moderate limitations (not to be transferred to another position without review of medical records). ( )

_____

_____

2. Recommend further examinations: _____

Remarks:
_____

3. Does not meet the physical standards of the position: _____

_____

4. Incomplete or inadequate information: _____

Date: _____ _____ M.D.
(Reviewing Physician)

MS 10-57, February 15, 2005