

Griffin Hospital
Pre-Placement Examination Report

Employee Name _____

Company _____

Position/Job Title _____

Employee: Please read, check & initial appropriate box, and sign below:

I understand that the purpose of the job placement examination is to determine whether or not I am medically fit to perform the job for which I have applied.

- ____ I give my consent that one copy of this form will be kept on file by the examiner and one copy will be released to, and kept on file by, the employer.

Date _____ Signature of Employee _____

To be completed by medical provider:

The above named employee has been physically examined and screened for conditions and diseases appropriate to his/her age, medical history and job to be performed. Based upon this medical assessment, the following is recommended:

- Fully qualified for this job placement, including N-95/PAPR use, pending drug screen results.
- Fully qualified for this job placement pending drug screen results.
- Fully qualified for this job placement pending PPD results.
- Placement delayed pending further medical evaluation.
- Not medically qualified for this job placement.
- Applicant has the following restrictions, recommendations or comment.

Date _____ Medical Provider _____

* Note: If a pre-placement drug test was performed, the results will be reported separately.