



Section 1: Completed by Client

Name: _____ Date: _____
Name of Employer: _____
Reason for Physical: Pre employment Return to duty Follow- Up Other _____

Section 2: Completed by Client

Client Consent: I, the undersigned, authorize High 5 Fingerprinting LLC permission to release the results of my physical to my employer or prospective employer.
X _____
Signature of Client Date Print

Section 3: Completed by Physician

Date examination completed: _____ Position: _____
 Job Description provided Job Description unavailable
Is Applicant able to drive? Yes No
 Medically Acceptable to perform the essential functions of the job without accommodations.
 Medically Acceptable to perform the essential functions of the job with accommodations.
(see comments below)
 Generally fit but no job description available.
 Deferred pending further information from client and/or correction of medical problems.
 Direct threat-medically unacceptable to perform the essential functions of job without medical restrictions and/or accommodations.

Physician Comments: _____

Physician printed name

Physician Signature Date