



Medical Clearance for Duty

Site: _____

Date: _____ Employee Name: _____ Social Security Number: _____

Craft: _____ Shift Schedule: _____ Hours per Day / _____ Days per Week _____

Employee's Physician: _____ Address: _____

Office Telephone: _____ Office Fax: _____

Employee Authorization

Injury / Illness / Condition: _____

Prescribed Medications: _____

I authorize my employer to inquire and obtain a medical clearance for duty from my physician and I authorize my physician to release the information requested.

I DO NOT authorize my employer to inquire and obtain a medical clearance for duty from my physician and I DO NOT authorize my physician to release the information requested.

Employee Signature: _____ Date: _____

Dear Physician:

The employee listed above has identified you as his/her treating physician for a personal injury, illness, or condition. In order to ensure the safety of this worker, we are asking that you evaluate both the employee's physical or psychological status and the potential effects of any medications the employee has been prescribed and determine if this person can safely perform their full duty assignments. In order to assist you in your assessment, we have provided below the physical requirements of the job and as well as any additional information deemed appropriate.

Physical Requirements / Work Environment:

The work environment is industrial construction sites

Outdoor, unconditioned ambient temperatures

This position is a two-handed operation.

Individual must have good eye/hand coordination and vision must be adequate to perform duties.

Must be able to lift and carry 50 to 75 lbs. from the ground to above shoulder height

Must be able to climb ladders, stairways, etc. on a continuous and frequent basis

May be required to work in confined spaces

Must be able to perform work at heights up to 250 vertical feet on pipe racks, scaffold, platforms or aerial lifts

Compare and see differences in the size, shape and form of lines, figures and objects.

Frequent kneeling, crawling, climbing and continuous balancing, reaching forward and overhead and pushing/pulling, twisting, bending, lifting, carrying, squatting, sitting, standing, and walking.

Must be able to wear personal protective equipment such as hard hat, eye and face protection, fall protection, respiratory protection, protective clothing and safety footwear.

Physician's Assessment

I have evaluated the employee's condition, the prescribed treatment, the provided physical requirements and the work environment. Based on my evaluation, the employee:

IS ABLE to safely perform their full duties as described on this document

IS NOT able to safely perform their full duties as described on this document

Additional Comments: _____

Date: _____ Physician's Signature: _____ Physician's License Number: _____

After completing this form please fax it to 470-227-8566. If you have any questions please call the EHS Department at 205-532-2948