

**INSTRUCTIONS FOR
POST-OFFER / PRE-HIRE PHYSICAL**



I, _____, have been informed of the following:
(Applicant Name)

1. Please note there will be a **drug/alcohol** screening. If you are a CDL Holder, please make the facility aware so they might perform the regulation DOT/CDL drug/alcohol screening.
2. If you wear contact lenses or glasses at any time, please bring them with you for the eye portion of the examination. If you wear contacts make sure to bring your solution.
3. **Complete** the following and send to OH prior to your appointment.
 - i. Medical History Questionnaire,
 - ii. Auditory History Form,
 - iii. OSHA Respirator Medical Evaluation Questionnaire,
 - iv. This document **signed**.

Please answer every question. Do not leave blanks. If you are unable to complete these forms prior to your appointment, contact OH to make arrangements and be prepared to come in 30 minutes in advance of your physical to complete them at the facility.

4. The physical will take approximately **two hours** to complete.

If you have any questions, please call **Health & Wellness at 843-761-4090**.

Signature

Date

NOTE: Please sign your name in the appropriate location above.

Contact Occupational Health & Wellness regarding questions or changes to the form.