JAMROCK JERK

13920 109th Ave, Jamaica, NY, 11435

MEDICAL CLEARANCE CERTIFICATE

The medical clearance certificate confirms whether a candidate can perform the job's physical duties. The physician must review the candidate's medical affidavit form, conduct an evaluation on the issues indicated below, fill out the appropriate feedback areas, sign and officially seal/stamp the certificate.

Candidate Information

Full Name: _____

Date of Birth: _____

Position Applied For: _____

Issues Indicated on the Pre-Employment Medical Affidavit Form

(a)_____ (b) _____ (c) _____

(d)_____ (e) _____ (f) _____

Medical Examination Summary

The undersigned physician has reviewed the medical form submitted by the candidate and conducted an evaluation to determine their ability to perform the physical duties required for the position.

Based on the evaluation and the candidate's medical history:

☐ The candidate is physically capable of performing all essential duties of the position without restriction and the issues indicated above should not be of concern.

☐ The candidate has a physical limitation related to the issues indicated above that may affect their ability to perform essential duties.

☐ Because of the issues indicated above the candidate is unable to perform the essential duties required for the position.

Additional Comments: _____

_____

Certification & Physician's Declaration

I hereby certify that I have examined the above-named candidate and reviewed their medical history. Based on my professional medical judgment, the information provided in this document is accurate and reflects the candidate's ability to perform the essential job duties required for the position.

Physician's Name: _____ **Official Seal/Stamp Required**

Physician's Signature: _____

Medical License Number: _____

Date (MM/DD/YYYY): _____

Physician's Address (Street & Town/District): _____

Physician's Address (City/Parish & Country): _____

Physician's Phone Number: _____