

**McLaren Print System Order**

**Order No: 46154 Reprint Previous Order No: 5760**  
**Order Date: 2019-06-11**  
**User: Alicia Mullett**  
**Phone: 9893932850**

**Ship Location: MCLAREN OCCUPATIONAL HEALTH**  
**4 Columbus Ave; suite 140**  
**BAY CITY, MI 48708**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 65100**  
**Dept Name:**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-34603**  
**Item Description: Pre-Employment Physical Exam Clearance Form (Occupational Health)**  
**Revision Date: 8/2013**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group



**PRE-EMPLOYMENT PHYSICAL EXAM - CLEARANCE FORM**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Accepted  Declined

Accepted with recommended accommodations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further testing required to evaluate ability or risk: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Hold - (waiting for additional data): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of examining provider (print) \_\_\_\_\_ Date/Time of Exam \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of examining provider \_\_\_\_\_

PRE-EMPLOYMENT PHYSICAL EXAM - CLEARANCE FORM