

**McLaren Print System Order**

**Order No: 48171 Reprint Previous Order No: 5760**  
**Order Date: 2019-08-29**  
**User: Kelly Lewis**  
**Phone: 810-496-0916**

**Ship Location: Midland Occupational and Convenient Care**  
**801 Joe Mann Blvd.**  
**Midland, MI 48642**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 56062**  
**Dept Name: Midland Occupational and Convenient Care**  
**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