

**McLaren Print System Order**

**Order No: 9478 Reprint Previous Order No: 5760**  
**Order Date: 2015-02-27**  
**User: Billie Peters**  
**Phone: 810-667-7025**

**Ship Location: McLaren Occupational and Convenient Care**  
**1254 N Main St**  
**Lapeer MI 48446,**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 65100**  
**Dept Name: Lapeer Occupational**  
**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 \_\_\_\_\_

