

Medical Examination Clearance Form for Civil Service

Instructions: This form must be completed by a licensed physician. Please print clearly.

Section I: Applicant Information

Full Name (Last, First, Middle):

Date of Birth (MM/DD/YYYY): Gender:

Position Applied For:

Target Agency/Department:

Section II: Clinical Examination & Vital Signs

Height (cm/in): Weight (kg/lbs):

Blood Pressure (mmHg): Pulse Rate (bpm):

Vision (Left Eye): Vision (Right Eye):

Hearing (Normal/Abnormal):

Section III: System Evaluation

Enter "Normal", "Abnormal", or "Not Evaluated" and add comments if necessary.

System/Organ	Findings	Remarks / Comments
Cardiovascular System	<input type="text"/>	<input type="text"/>
Respiratory System	<input type="text"/>	<input type="text"/>
Neurological System	<input type="text"/>	<input type="text"/>
Musculoskeletal System	<input type="text"/>	<input type="text"/>
Skin and Integumentary	<input type="text"/>	<input type="text"/>

Section IV: Laboratory and Diagnostic Results

Chest X-Ray Findings:

Urinalysis:

Complete Blood Count (CBC):

Drug Screening Result:

Section V: Physician's Recommendation and Clearance

Based on the clinical evaluation and diagnostic test results, the applicant is determined to be:

Medical Clearance Status:

Work Restrictions (if any):

Examining Physician's Printed Name:

Medical License Number:

Physician Signature: Date of Examination: