

REPORT OF PREPLACEMENT MEDICAL

TO: _____

I have examined _____

for the ability to perform the essential functions of the job as indicated in the attached job description

Based on my evaluation of this job candidate:

- (1) No Medical contraindication to performing this job without accommodation.
- (2) No medical contraindication to performing this job with the following recommended accommodations or job training:

- (3) Based upon probability of substantial harm, this employee could pose a direct threat to self or others.
- (4) Medical hold; waiting for additional data.
- (5) Further testing is required to fully evaluate ability or risk.

Comments: _____

If 2, 3, or 5 are checked, please call me to discuss further, including recommendations for other information that may aid in accommodations or clarification of risk.

Treat any attached information on medical conditions as confidential medical information in accordance with the Americans with Disabilities Act, with distribution only as needed.

Signature

Date