304 New York Avenue
P.O. Box 6588
Oak Ridge, TN 37831
(865) 425-9008
(865) 425-9023 Fax

STATEMENT OF PHYSICAL HEALTH

______________________________ has been examined by me on
Employee Name

______________________________. Based on an examination and review
Date

of pertinent health history facts, it is in my professional judgment that this person's physical condition is such to permit him/her to adequately carry out his/her work-related activities.

Comments, special problems, restrictions, etc.:

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______________________________ Signature of Physician

______________________________ Date

______________________________ Printed Name of Physician

______________________________ Address

______________________________ City, State, Zip

______________________________ Phone Number

______________________________ Physician's Stamp