



FINAL HEALTHCARE PROVIDER'S FINDINGS REPORT

Review of Independent Medical Information Submitted by Applicant

Applicant Name: _____

Job Title _____

Date of Birth: _____ Date of Evaluation: _____ Last Four Digits of SSN: _____

Hiring Department: _____

Department Number: _____ Item Number: _____

Healthcare provider's determination. This clinic conducted a pre-employment / post-offer medical examination of the above-named applicant and issued a Healthcare Provider's Findings Report. The applicant has submitted an independent medical opinion after this clinic issued its findings. This clinic, having reviewed that information, provides the following findings (mark all that apply):

- ☐ Initial findings remain unchanged.
- ☐ Initial findings are changed as follows:
 - ☐ The work restrictions previously issued to the applicant are rescinded. The applicant is able to perform the essential functions of the position.
 - ☐ The applicant's previously issued work restrictions are modified as follows:

The work restrictions are: ☐ Permanent ☐ Temporary through _____ (date)

- ☐ This clinic remains unable to make a determination due to the following (do not listed any private or protected medical information, including diagnosis, condition or treatment information):

Physician's Name: _____

Physician's Signature: _____ Date: _____

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