

## MEDICAL ASSESSMENT FOR WORK

Name of Applicant: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Date of Medical Examination: \_\_\_\_\_

Applicant Job Title: \_\_\_\_\_

\_\_\_\_\_ *Applicant has no specific medical limitations or restrictions recommended for job position.*

\_\_\_\_\_ *Restrictions and/or limitations concerning job activities are recommended.*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Physician/Clinician Signature*

\_\_\_\_\_  
*Date*

*\*The conclusions of this medical assessment are based, in part, on the assumptions that the medical history and any supplied job description or essential functions of the job are true and correct. The employer is responsible for employment decisions when considering accommodations for those with any limitations or restrictions. If there are questions or concerns about an individual's abilities to perform tasks, please do not hesitate to contact a representative at HealthWorks.*

- HealthWorks Allentown 1243 S.Cedar Crest Blvd., Allentown, PA 18103 ♦ Phone: 610-402-9230
- HealthWorks Trexlertown 6900 Hamilton Blvd, Trexlertown, PA 18087 ♦ Phone: 610-402-0047
- HealthWorks Bethlehem 1770 Bathgate Rd, Ste 200, Bethlehem, PA 18017 ♦ Phone: 484-884-2249
- HealthWorks Easton 2101 Emrick Boulevard, Bethlehem, PA 18020 ♦ Phone: 610-866-9675
- Health & Wellness Center, 50 Moisey Drive, Suite 208, Hazleton, PA 18202 ♦ Phone: 570-501-6805