



MEDICAL CLEARANCE FORM

NAME: _____

DATE: _____

EMPLOYER: MASSACHUSETTS STATE POLICE

D.O.B.: _____

SERVICES PERFORMED:

- Complete Health History & Physical Exam
- Urinalysis/Dipstick
- Vision Screen w/ Depth
- Urine Drug Screen, Non DOT Collection
- Chem Profile/Lipid Panel (Chemzyme)
- CBC
- Audiogram
- EKG

THE EMPLOYEE IS:

- Fit-for-duty without restriction
- Fit-for-duty with restrictions/modifications (see below)
- Not Fit-for-duty
- On MEDICAL HOLD pending further data

Comments:

Occupational Medicine Clinician

Date