

# ORHC

## Pre-Employment and Medical Recommendation Form

Employee Name: \_\_\_\_\_

S.S.N. \_\_\_\_\_

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

Date of Exam \_\_\_\_\_

Medically **Recommended** without restrictions.

Drug Screen Pending

Medically **cannot recommend**

Restrictions / Limitations \_\_\_\_\_  
\_\_\_\_\_

Medical Hold: Waiting for additional information. Has been referred to Primary Physician.

Mask Fit completed and passed.

Work Release/ Excuse \_\_\_\_\_

TB Give \_\_\_/\_\_\_/\_\_\_

TB Read \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
**Provider ARNP/RN/LPN signature**

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