



MERCY OCCUPATIONAL HEALTH  
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MERCY WALWORTH OCCUPATIONAL MEDICINE  
N2950 STATE RD 67  
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PHONE: 262-245-2316 FAX: 262-245-2181

With all our heart. With all our mind.

POST-OFFER PHYSICAL EXAMINATION/DOT PHYSICAL EXAMINATION

DATE OF EXAM: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

APPLICANT FOR POSITION AS: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**Please do not write below this line – Office use ONLY**

\_\_\_\_\_ ABLE TO PERFORM JOB FUNCTIONS

\_\_\_\_\_ ABLE TO PERFORM JOB FUNCTIONS WITH THE FOLLOWING ACCOMODATIONS:

\_\_\_\_\_ TEMPORARY

\_\_\_\_\_ PERMANENT

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

\_\_\_\_\_ UNABLE TO PERFORM JOB FUNCTIONS

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

COMPANY NOTIFIED: \_\_\_\_\_ FAXED \_\_\_\_\_ MAILED \_\_\_\_\_ INITIALS \_\_\_\_\_