



**Health Remède**

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 Baton Rouge, LA 70808  
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 Fax: (225) 387-4521

8742 Goodwood Boulevard  
 Baton Rouge, LA 70806  
 Office: (225) 231-7070  
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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

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

**MEDICAL RECOMMENDATION FORM**

| I. Examination:                             |   |
|---|---|
| <input type="checkbox"/> Pre-Employment     | <input type="checkbox"/> DOT Driver Examination |
| <input type="checkbox"/> Hazmat Examination | <input type="checkbox"/> Other:                 |

The following medical recommendation is based on a review of the history, physical examination and any ancillary testing. This recommendations for the specific job title listed above.

| II. STATUS                  |   |
|-----------------------------|---|
| <input type="checkbox"/> A. | Employable without accommodations   |
| <input type="checkbox"/> B. | Employable without accommodations pending Drug Screen/ X-ray/ Lab Work                              |
| <input type="checkbox"/> C. | Employable with accommodations if accommodations are available                                      |
| <input type="checkbox"/> D. | Employable with accommodations if accommodations are available pending Drug Screen/ X-ray/ Lab Work |
| <input type="checkbox"/> E. | Medical Hold  |
| <input type="checkbox"/> F. | Does NOT meet job requirements even with accommodations   |

| III. SPECIAL STATUS         |   |
|-----------------------------|---|
| <input type="checkbox"/> A. | Corrective Eye wear is required   |
| <input type="checkbox"/> B. | Hearing Protection is required.   |
| <input type="checkbox"/> C. | Employee is medically qualified to wear a respirator.                               |
| <input type="checkbox"/> D. | Employee is medically qualified to wear a self-contained breathing apparatus (SCBA) |

I have been informed of all medical findings and authorized the release of the history, physical exam, and test results to the company.

\_\_\_\_\_

**Provider: Physician/Physician Assistant**