Appalachian State University

Physical Examination Form

Appalachian State University

Supervisor must complete this section clearly describing the nature of work so the physician understands the physical demands of the job Check all boxes below that apply
Upon completion give this form to employee to take to his her physician

Employee Name_____

Department Where Employed_____

Position Title_____ Position #_____

Description of Work ... ... ---------- *(Attach Copy From Job Opportunities Sheet)* ----------

Physical Demands of the Job

(Supervisor should check all boxes that apply.)

	Bending and stooping		*Manual dexterity*
	Climbing, high areas		*Operating machinery*
	Driving vehicles		*Operating vibrating equipment*
	Extreme heat or cold		*Physical exertion*
	Frequent, extended arm movements above the head		*Wearing a respirator*
	Heavy lifting		*Other:*

Supervisor's Signature **Phone** **Date**

Physician

Applicant Employee is responsible for payment of this physical examination
Upon completion of physical examination please fill out this form providing as much information as possible that will help us determine if the employee is capable of meeting the physical demands of the above described job
Knowledge of any heart problems, back problems, hernias, high blood pressure, etc. is of particular importance
Please return completed form to
Appalachian State University, Human Resource Services, P 0 BOX 32010, Boone, North Carolina 28608
This form will be placed in the employees permanent personnel file

To the best of your professional opinion, is the above-named employee physically fit and capable of meeting the demands that the job requires?

☐ Yes ☐ No

If No, please identify/summarize any problems that could interfere with the employee's work performance or prevent him/her from performing the required duties of the job.

SummarylComments _____

_____

Physician's Signature **Physician's Name (Please Print)** **Date**