

**POST OFFER OF EMPLOYMENT
PHYSICAL EXAM SHEET**

PLEASE TYPE OR PRINT IN BLACK INK

<i>NAME (LAST, FIRST, & MIDDLE)</i>	
<i>TITLE OF POSITION</i>	
<i>REQUESTING DEPARTMENT</i>	
<i>CONTACT PERSONS NAME</i>	
<i>PHONE #</i>	<i>FAX #</i>

PLEASE PROVIDE SPECIFIC DETAILS ABOUT THE POSITION BEING FILLED.

WORKING CONDITIONS: (i. e. working outside irregular hours),)

PHYSICAL REQUIREMENTS: (i. e. continual lifting 25 lbs., hearing)

SAFETY EQUIPMENT: (i.e. safety goggles)

TO SET UP A POST OFFER OF EMPLOYMENT PHYSICAL PLEASE CONTACT THE COMMUNITY HEALTH SERVICE CLINIC AT 941-9283. RESULTS OF PHYSICAL WILL THEN BE FORWARDED TO EMPLOYMENT & CLASSIFICATION SERVICES. DEPARTMENT WILL BE NOTIFIED VIA PHONE CALL FROM EMPLOYMENT.

- () **PHYSICALLY CERTIFIED FOR THE ABOVE POSITION**
- () **NOT PHYSICALLY CERTIFIED FOR THE ABOVE POSITION**

PLEASE FAX (480) 965-4756 OR CALL (480) 965-9841 EMPLOYMENT WITH RESULTS

