ExpressCare
Urgent Care Clinic
Walk-in Care + Occupational Medicine

Dutchtown • 13201 Hwy. 73, Ste. 102 • Geismar, LA 70734 • (225) 673-2088 • Fax (225) 673-2080
Goodwood • 8742 Goodwood Blvd. • Baton Rouge, LA 70806 • (225) 231-7070 • Fax (225) 231-7069
Highland • 4410 Highland Rd., Ste. A3 • Baton Rouge, LA 70808 • (225) 831-4025 • Fax (225) 831-4026
Perkins • 3235 Perkins Rd. • Baton Rouge, LA 70808 • (225) 387-3030 • Fax (225) 387-4521
Walker • 13466 Vera McGowan Rd. • Walker, LA 70785 • (225) 380-1720 • Fax (225) 380-1719

Name:_____ Date: _____

Company: _____

Job Title:_____

MEDICAL RECOMMENDATION FORM

I. Examination:	
☐ Pre-Employment	☐ DOT Driver Examination
☐ Hazmat Examination	☐ 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	
☐ A.	Employable without accommodations
☐ B.	Employable without accommodations pending Drug Screen/ X-ray/ Lab Work
☐ C.	Employable with accommodations if accommodations are available
☐ D.	Employable with accommodations if accommodations are available pending Drug Screen/ X-ray/ Lab Work
☐ E.	Medical Hold
☐ F.	Does NOT meet job requirements even with accommodations

III. SPECIAL STATUS	
☐ A.	Corrective Eye wear is required
☐ B.	Hearing Protection is required.
☐ C.	Employee is medically qualified to wear a respirator.
☐ 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.

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Provider: Physician/Physician Assistant