



Order for Physical Examination

DR. _____

DR. _____ AT _____

BEARER _____

PLEASE MAKE (CHECK EXAMINATION DESIRED)

COMPLETE (PHYSICAL, VISUAL AND HEARING) _____ PHYSICAL _____

VISUAL _____ HEARING _____ X RAY _____

EMPLOYED AS _____

OF _____

APPLICANT FOR POSITION OF:

APPLICANT FOR EMPLOYMENT AS _____

EMPLOYED AS _____

WHOSE DESCRIPTION AND SIGNATURE APPEAR BELOW

KIND OF EXAMINATION ORDERED AND REASON.

AGE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

MARKS OR PECULIARITIES _____

REASON FOR EXAMINATION (CHECK THE ONE THAT APPLIES)

APPLICANT FOR EMPLOYMENT _____ PERIODIC _____ PROMOTION TO _____

AFTER DISABILITY SINCE _____

AFTER LEAVE SINCE _____

IF EMPLOYEE, GIVE ANY RESTRICTIONS TO SERVICE OR
REQUIREMENTS SHOWN ON LAST EXAMINATION REPORT:

ORDERED BY:

SIGNATURE OF OFFICIAL ISSUING ORDER

TITLE

DATE

SIGNATURE BEARER OF ORDER

DATE