



Exhibit E

FITNESS FOR DUTY FORM

Clinic Name

Street Address

City, State Zip Code

Name (printed) _____

Position _____

Physical Type (circle one): Pre-employment Exam Periodic Exam

OSHA Respiratory Medical Clearance Exam

PLEASE FAX TO: (907) 265-2542 when applicant/employee has completed all physical exam requirements and all results have been received.

☐

Clinic has examined the applicant/employee and releases him/her **to full duty** with no restriction for the physical requirements as outlined in the position description for the position stated above.

☐

Clinic has examined the applicant/employee and releases him/her to duty with the following **restrictions/recommendations**.

☐

Clinic has examined the applicant/employee and **cannot release** him/her to full duty at this time.

Restrictions:

Recommendations:

Medical Health Care Provider Signature: _____

Date: _____