



**Health Statement / Physical**

Name of employee: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

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**Physicians Statement**

**I have examined the above named individual and find them to be in good health, able to perform their essential job functions without limitation or restrictions, and find them free of communicable diseases.**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name/Location

\*\*\* Please FAX to 402-201-2380 thank you\*\*\*