



Fitness to Work in Pressurized Settings

In compliance with the American with Disabilities Act, the medical examiner may not list on this form either medical diagnoses or conditions. Only restrictions and/or job-related tasks that cannot be adequately performed by the applicant are to be listed.

Applicant Name: _____

Date of Birth: _____

Date of Exam: _____

Considering any job-related information provided to me by the applicant: either before or upon my request during the course of my evaluation, it is my opinion, that based on the results of the:

Physical Examination

Physical agility testing

Medical testing, as required by _____

The aforementioned individual is:

Medically cleared as fit to work in pressurized settings

Medically cleared as fit to work in pressurized settings, except that a condition exists which limits work as follows:

Not cleared to work in pressurized settings

Physician Name: _____

Date: _____

Telephone Number: _____

Physician I.D. Stamp