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Exhibit C-2

[Clear Form](#)**PHYSICIAN'S EXAMINATION REPORT****SECTION I (County Department Complete Lines: 1-6)**

1	Medical Facility: Pinnacle Training Services Mobile Testing	Referral Date:
2	Dept. Name:	
3	County Job Title:	
4	Patient Name:	
5	Date of Birth:	SS# or EMP ID#:
6	☐ Pre-Employment ☐ Fitness For Duty ☐ Periodic ☐ MET Testing ☐ Exit	

SECTION II (Physician's Report)

A. Select one (1) from 1, 2 or 3. **The above-mentioned patient was examined at this facility and was found to be:**

1. ☐ Fit to work without any restrictions as:
2. ☐ Fit to work with the following restriction(s): ☐ See "Other" comments above Dr.'s signature for detailed information.
- ☐ Should not work in unprotected elevated areas; around moving machinery; or drive a commercial vehicle
- ☐ Should not lift more than pounds
- ☐ Should avoid repetitive
- ☐ Should not perform repetitive bending, stooping or lifting
- ☐ Should not be required to come in contact with the following substance(s):
3. ☐ Not fit to work as:

If, #2 or #3 marked please indicate:

☐ Permanent or ☐ Temporary Condition: Comments:

B. ☐ At this physical examination, this patient is free of symptoms of infectious disease, as required under Section 74723, Title 22 California Code of Regulations.

C. ☐ Physical complies with job description requirements. (Physician's Initials)
List of job desc: <https://www.governmentjobs.com/careers/kernco/classspecs>

CHECK APPROPRIATE AREAS**VISION:**

Patient's vision evaluated by ☐ visual acuity exam, ☐ other:

☐ The patient MAY operate motorized equipment

☐ The patient is NOT medically cleared to operate motorized equipment

COLOR VISION:

Patient's color-blindness evaluated by ☐ Ishihara, ☐ Farnsworth's D15, ☐ Red/Green Discrimination Test:

☐ The patient is not color-blind

☐ The patient is color-blind but has red/green discrimination

☐ The patient is color-blind

HEARING:

Patient's hearing evaluated by ☐ physical exam, ☐ audiometry test:

☐ The patient may wear any type of hearing protection equipment

☐ Unable to wear protector of the insert of earplug type

☐ Unable to wear any kind of hearing protection, and should not work in areas that have Noise levels above 80 db

RESPIRATOR:

Patient's pulmonary function evaluated by ☐ physical exam, ☐ spirometry test:

☐ No restriction of respirator use

☐ Specific restriction(s) on respirator use as indicated

☐ No respirator use, under any circumstances

OTHER:

DR. SIGNATURE: _____ DR. NAME PRINT/STAMP: _____ DATE: _____

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