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Clear Form

Pre-Placement/Post Employment Offer Physical Capacity Examination

(County Department Complete Lines: 1-4)

1	Medical Facility:	Referral Date:
2	Dept Name:	
3	County Job Title:	
4	Patient Name:	SS# or EMP ID#:

***** (Medical Facility Complete Below) *****

Is job description available? ☐ Yes (or) ☐ No (<https://www.governmentjobs.com/careers/kernco/classspecs>)

Is job task analysis on file? ☐ Yes (or) ☐ No (<http://www.co.kern.ca.us/hr/medical-vendor/>)

Please check the one result that is applicable

- ☐ Results of the physical capacity examination indicate the prospective employee safely demonstrated the ability to perform the physical demands required of the essential job functions.
- ☐ Results of the physical capacity examination indicate the prospective employee did NOT safely demonstrate the ability to perform the physical demands required of the essential job functions.
- ☐ Results of the medical examination indicate that the prospective employee should not perform the physical capacity examination.
- ☐ Restrictions and/or job related tasks that cannot be adequately performed by the applicant/employee should be listed:

Please indicate whether restrictions are: ☐ Temporary or ☐ Permanent and
If temporary, please indicate estimated duration:

- ☐ Placed on medical hold pending: ☐ medical record review; ☐ clearance by personal physician;
☐ Other:

In compliance with the Americans with Disabilities Act, the medical examiner may not list on this form either medical diagnosis or conditions.

Physical Capacity Examiner Signature

Physical Capacity Examiner Print/Stamp

Date

Medical Examiner Name (printed)

Medical Examiner Print/Stamp

Date

Rev: 8/28/13

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