

**Employer** \_\_\_\_\_

**Examinee** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

You had an employment-related examination on \_\_\_/\_\_\_/\_\_\_ . This examination is not designed to replace routine health care as provided by your private physician. For routine health care, complete physical examinations, and other medical needs you should see your own doctor

A copy of all the lab work is enclosed. The results of the evaluation are:

	Not Ordered	NL	ABNL	Comments
Examination				_____
Visual Screening				_____
Blood Chemistry				_____
Cholesterol				_____
Complete Blood Count				_____
Urine Test				_____
TB Test				_____
Stool Test				_____
Chest X-ray				_____
Pulmonary Function Test				_____
Audiogram				_____
EKG				_____
_____				_____
_____				_____

All questions concerning these results should be discussed with your private physician.

**Recommendations:**

- No Follow-up necessary
- You should discuss the abnormal results with your doctor.
- You need to see your doctor about the abnormal results.
- You need to see your doctor **AS SOON AS POSSIBLE** about the abnormal results.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_