



New York University Health Center
 Primary Care Services
 726 Broadway, 4th Floor
 (212) 443-1132

**PRE-EMPLOYMENT PHYSICAL
 CLEARANCE FORM**

TO BE COMPLETED BY HR REPRESENTATIVE:

First Name		M.I.	Last Name	
Job Title/Object Code	School/Division		Department	
HR Representative (PRINT)	HR Representative Signature		Date	

TO BE COMPLETED BY THE NYU HEALTH CENTER PROVIDER:

MEDICAL EVALUATION

- 1. Applicant **IS** cleared for employment.
- 2. Awaiting additional medical information to determine if Applicant is cleared for employment.
- 3. Applicant **IS NOT** cleared for employment.

Provider (PRINT):	Telephone:
Provider Signature:	Date:

ADDITIONAL MEDICAL INFORMATION RECEIVED:

- 1. Applicant **IS** cleared for employment.
- 2. Applicant **IS NOT** cleared for employment.

Provider (PRINT):	Telephone:
Provider Signature:	Date: