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Physical Summary **CCF1000**

Employer: _____

Employee: _____

SSN#: _____

Date: _____

Physical Type:

- Pre-Employment Physical (DOT)
- Pre-Employment Physical (non-DOT)
- Periodic Physical (DOT)
- Periodic Physical (non-DOT)
- Exit Physical (DOT)
- Exit Physical (non-DOT)

Our evaluation of the applicant / employee indicates:

PASS - Can perform job duties without accommodations.

FAIL - Not cleared at present, requires:

_____ A) Further testing to evaluate ability or risk

_____ B) Waiting for additional information

_____ C) Re-Evaluate on (date) _____ (time) _____

Comments: _____

Physician's Signature: _____ Physician's Printed Name: _____