DRAFT – FORM – Medical Clearance

Personal Details

Name of Employee	
Contact Details	
Position Applied for	

Does the employee (listed above) have any condition, illness, injury or are they taking any medications that may affect any of the following job-related duties for their position as identified in their job description attached?

Requirements of the role	Yes	No	Comments
Vacuuming/Sweeping/Mopping – Maximum 20 mins at a time			
Lifting e.g., washing baskets, mop bucket			
Stretching/Reaching e.g., cleaning windows - Maximum 20 mins at a time			
Bending e.g., making beds, cleaning bath/shower, emptying dishwasher – Maximum 20 mins at a time			
Kneeling e.g., Making beds, cleaning bath/shower – Maximum 20 mins at a time			
Ability to raise arms above shoulder height for short periods e.g., cleaning, dusting - Maximum 20 mins at a time			

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Additional Information

Is there any additional information at you would like to add to this form?

Treating Health Practitioner

Name	
Provider Number	
Signature	
Date	

Employee

Signature	
Date	

Manager

Name	
Signature	
Date	