



CITY OF BLAIR

City of Blair Physical Examination Verification Form

Employee Information

Employee Name: _____

Department: _____

Healthcare Provide Attestation

I certify that the above-named employee completed a routine preventive physical examination (e.g., annual wellness visit) on the date listed below. This verification does not disclose any diagnosis, medical condition, or test results.

Date of Physical Examination: _____

Healthcare Provider Information

Provider Signature: _____

Provider Name: _____

Practice/Clinic Name: _____

Date: _____

This form is used solely to confirm completion of a preventive physical exam and does not constitute a fitness-for-duty certification. The information will be maintained as a confidential medical record, separate from personnel files.

