

# Medical Statement Form Sample for Employment

Download a **medical statement form** sample specifically designed for employment purposes, ensuring accurate documentation of health information. This form facilitates clear communication between healthcare providers and employers. Accessing a downloadable template streamlines the medical verification process efficiently.

## Download Sample Form

[Download Medical Statement Form \(DOCX\)](#)

## Sample Medical Statement Form (Preview)

Employee Information

Full Name:

Employee ID (if applicable):

Date of Birth:

Position/Job Title:

Medical Evaluation

☐ Fit for employment

☐ Fit for employment with modifications (specify below)

☐ Not fit for employment

If modifications are needed, please specify:

Healthcare Provider's Details

Provider Name:

Phone Number:

Provider Signature:

Date:

*This form is for informational purposes and should be completed by a licensed healthcare provider.*