

INSTRUCTIONS: This form must be completed by the applicant's private medical provider when limitations or restrictions are identified that could cause the applicant to be unable to perform any aspect of the position offered. Completion of this form assists in the finalization of the medical assessment portion of the United States Postal Service hiring process.

The United States Postal Service Medical Assessment identified the following medical condition: (No Diagnosis)

A. Applicant Information (please print)

Name (Last, First, MI)

Position Offered

B. Medical Provider Evaluation

All determinations must be made with the specific functional and environmental requirements of the job in mind. (See attached)

1. Please list the medical limitations and restrictions: *(Attach additional sheets if necessary)*

2. Does the applicant require these medical restrictions to prevent future harm or aggravation of the current condition if the applicant performs the position offered? *(please select)*
 Yes No

If **yes**, please complete the following assessment. Expand upon each answer in a narrative statement using additional sheet(s) as necessary and attach to this form.
3. Describe the nature/type of the health condition *(e.g., back condition, stomach problem, metabolic condition, etc.)*.
(Do not include the diagnosis on this form.)
4. Describe the nature of the potential harm concerning this condition.
5. What is the severity of the potential harm posed by the health condition if the applicant performs the job as described?
6. What is the likelihood that the potential harm will occur?
7. Is the risk of potential harm imminent *(within 6 months)* or remote if the applicant performs the job as described?
8. What is the estimated duration of the risk that the harm will occur if the applicant performs the job as described?
(please select)

 Less than 6 months 6 months to 1 year More than 12 months**C. Physician's Signature (please print all information except signature)**

Name of Medical Provider

Title

Signature

Telephone Number *(include Area Code)*Date *(MM/DD/YYYY)*