

HOISTING and PORTABLE ENGINEERS Local 4

Apprenticeship Fund

ENGINEERS TRAINING CENTER



Michael Carey, Coordinator

DOCTOR'S RELEASE FORM

TO: Michael Carey, Coordinator

FROM: Doctor's Name: _____

DATE: _____/_____/_____

Subject: Doctor's Release Form-Apprentice Name _____

I have read the attached Mission Statement and Job Description for the Hoisting and Portable Engineers, Local 4 Apprenticeship and Training Program.

According to my physical exam for (Print Apprentice Name) _____ that took place (date) _____/_____/_____, the apprentice meets all the requirements and is physically capable of performing all his/her duties on the job and at the Engineers Training Center.

My patient (Apprentice Name) _____

is fit for duty (Please circle one) without restrictions with restrictions.

Comments: _____

With the permission of my patient, if you have any questions, you may call my office at (781) 821-0306.

Doctor's Signature*

Apprentice Signature

*Doctor's note required with this release form.

SEE REVERSE SIDE PLEASE

(September 2020)