



SUPPLEMENTAL NOTICE TO DEPARTMENT

Name: _____

Last 4 SSN: _____ DOB: _____ Date: _____

Contractor: _____

Work Order #: _____

The above listed applicant displayed the following at our clinic during their pre-placement medical exam:

_____ Inappropriate and/or aggressive behavior to clinic staff

_____ Provided false or misleading medical information to staff

_____ Withheld information regarding prescriptions or medical history

_____ Other _____

**Authorized Clinic
Representative:** _____

Signature: _____ **Date:** _____

Please note: **Do not include any information protected by the *Health Insurance Portability and Accountability Act (HIPAA)* on this form.**