



United States Department of State

Washington, D.C. 20520

TO: New Employee
FROM: HR/REE
SUBJECT: Updating Medical Clearance Status
DATE:

In order to ensure that there have been no new medical or mental health conditions since your pre-employment physical examination, please sign this statement and return to HR/REE.

"I confirm that I have had no physical nor emotional concerns that I feel should be evaluated, that I take no new medications, that I have not had treatment nor recommended to receive treatment for a medical or mental health condition since my pre-employment physical examination."

Please print your name, DOB and SSN:

Signature:

If there have been any of the above occurrences since your pre-employment physical examination, please sign below and FAX a report concerning the status of the condition and follow-up treatment and monitoring to Medical Clearance, Pre-Employment Medical Update, ATTENTION: Director, Medical Clearances (703) 875-4850.

UNCLASSIFIED