



Greyhound Lines, Inc. Annual Physical/Biometric Screening

1. Employee's Name _____ Employee's # _____ Location _____
2. Street Address _____ City _____
State _____ Zip Code _____
3. Employee's Occupation _____ Age _____ Sex _____ Date Employed ____ / ____ / ____
4. If Driver: ☐ Regular ☐ Extra Job No. _____ Run Bid Location _____
5. First Day Absent ____ / ____ / ____ Returned to work ____ / ____ / ____ ☐ Still Off Days Absent _____
6. I hereby certify that my claim does not violate any of the restrictions, and complies with the evidence of Physical & Biometric Screening and all the responsibilities as provided by the rules and regulations of the company. I further realize that any falsification or misrepresentation of my claim will be subject to disciplinary action.

Signed _____ Date ____ / ____ / ____
Employee's signature

TO BE COMPLETED BY ATTENDING PHYSICIAN

1. Patient's Name _____
2. Date of Physical and/or Biometric Screening ____ / ____ / ____
Annual Physical: ☐ Yes ☐ No Biometric Screening: ☐ Yes ☐ No
3. I certify that the absence dates shown by the claimant are accurate, and that they relate wholly to the nature of the Physical and/or Biometric Screening. I further certify it was at my direction that the employee was absent for the dates shown, and solely as a result of the examinations.

Signed _____ Date ____ / ____ / ____ Phone _____
Attending Physician

Printed Name _____

Address _____ City _____ State _____ Zip _____