

# Surgical & Medical Operation Assessment:

**Medical Office Name:** \_\_\_\_\_ **Medical Office #:** \_\_\_\_\_

**Tree Surgeon Name:** \_\_\_\_\_ **Tree Surgeon #:** \_\_\_\_\_

**Location** of work/Contact Info: \_\_\_\_\_

**Positive** Medical and Tree work: \_\_\_\_\_

**Negative** Medical and Tree work: \_\_\_\_\_

**Overall** Medical Recommendation: \_\_\_\_\_

**Medical Certifier:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Notes: \_\_\_\_\_

**Medical Verifier Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MO / TS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_