

EMPLOYEE PHYSICAL — TO BE COMPLETED BY PHYSICIAN

Name: _____ Date of Exam: ____/____/____

Date of Birth: ____/____/____

Sex: Male Female

PHYSICAL FINDINGS:

Height: _____ Weight: _____ General Appearance: _____

Blood Pressure: _____ Heart Rate: _____ Respiratory Rate: _____

Heart: _____ Lungs: _____

G.I.: _____ Muscular-Skeletal: _____

Current Medications: _____

IMMUNIZATIONS / TESTS / LAB RESULTS:

PPD (Mantoux): Date Given ____/____/____ Date Read ____/____/____ Result _____

QUANTIFERON – TB Gold: Date ____/____/____ Result _____

IF PPD/TB GOLD POSITIVE:

CHEST X-RAY: Date ____/____/____ Result (Attach Lab Report) _____

* RUBELLA TITRE: Date ____/____/____ *Result (Attach Lab Report) _____

* RUBEOLA TITRE: Date ____/____/____ *Result (Attach Lab Report) _____

HEPATITIS B: Date ____/____/____ Result (Attach Lab Report) _____

PHYSICAL LIMITATIONS: YES or NO

Explain: _____

This person is free from a health impairment which is of potential risk to a patient of which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's of behavior.

PHYSICIAN SIGNATURE and LICENSE NUMBER: _____

ADDRESS: _____ PHONE: _____