

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) _____

* DRUG SCREEN: Date ___/___/___ * Result (Attach Lab Report) _____

INFLUENZA: Date ___/___/___

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: _____