Physical Examination Report
For New Employees

Name: ________________________________ Birthday: _________________________
Address: ______________________________ Phone Number: ___________________

Past Medical History (check appropriate boxes)

Do you have a History of:	Yes	No	Do you have a history of:	Yes	No
Alergies			Heart Murmur		
Arthritis			Hypertension		
Asthma/respiratory problems			Indigestion		
Back Problems			Kidney Problems		
Bleeding Gums			Mental Illness		
Cancer (growths/turmors)			Migraine Headache		
Concussion(s)			Physical disability		
Diabetes			Seizures		
Drug/Alcohol Abuse			Sinus Problems		
Fatigue			Skin Disorder		
Fevers/Night Sweats			Speech problems		
Glaucoma			Strep Throat		
Hearing Problems			Tuberculosis		
Heart Disease			Visual Problems		

Serious Illness/Injury in past 3 years (specify with date): _________________________________

Past Surgical Procedures: ____

Current Medications: ____

REQUIRED IMMUNIZATIONS (Birth – Five Program)	**Date**	**Result**
Tuberculin Test (Mantoux)	___________	Neg ___ Pos ___
Diphtheria Tetanus (DT)	___________	N/A

Physical Examinations:

Height:___________ Weight ___________ B.P. _____________ Pulse: ___________
Visual Acuity (rt): ________ (lt): ________ Hearing Acuity (rt): ______ (lt): ________
Peripheral Vision: ___________________ Color Blind: ________________________
Hand: ______________________________ Respiratory: _______________________
Ear: ______________________________ Abdomen: __________________________
Nose:______________________________ Genitourinary: ______________________
Throat & Neck:______________________ Musculoskelotal:____________________
Cardiovascular:______________________ Metabolic/Endocrine:______________________
Skin:_ __________________ Extremitias: _______________________
Urinalysis: Sugar: _______ Protein: _________

I hereby certify that I have examined the above named applicate and find he/she is physically qualified for lawful employment:

_________________________________ _________________________________
Physician's Signature Date of Examination

_________________________________ _________________________________
Address Phone Number