



PHYSICAL EXAMINATION FORM

NAME	SOCIAL SECURITY #
ADDRESS	DATE OF BIRTH / /

PHYSICAL EXAM	HEIGHT	WEIGHT	HEART	LUNGS
	B.P.	PULSE	BACK	ABDOMEN
	EARS	NOSE	THROAT	EYES
	MEDICAL HISTORY			

LAB TESTS		DATE PLACED	DATE READ	RESULTS
	1 ST PPD / MANTOUX	/ /	/ /	mm
	2 ND PPD / MANTOUX	/ /	/ /	mm
		DATE	RESULTS	RESULTS
	QUANTIFERON TB GOLD TEST	/ /		*ATTACH LAB REPORT
	CHEST X-RAY	/ /		*ATTACH LAB REPORT
	MUMPS	/ /		*ATTACH LAB REPORT
	RUBELLA TITER	/ /	RATIO	*ATTACH LAB REPORT
	RUBEOLA TITER (IF BORN IN 1957 OR LATER)	/ /	RATIO	*ATTACH LAB REPORT
	DRUG SCREEN (MUST INCLUDE THC)	/ /		*ATTACH LAB REPORT
INFLUENZA (FLU) VACCINE	DATE ADMINISTERED	MANUFACTURER	LOT NUMBER	EXPIRATION DATE
	/ /			/ /

IMMUNIZATIONS (FOR NON-IMMUNE OR EQUIVOCAL)	RUBELLA	DATE	RUBEOLA	1ST DATE	2ND DATE
		/ /		/ /	/ /
<input type="checkbox"/> THE ABOVE NAMED INDIVIDUAL HAS A PAST HISTORY OF POSITIVE TUBERCULOSIS TEST AND A NEGATIVE CHEST X-RAY , AND IS PRESENTLY DEMONSTRATING NO SIGNS OR SYMPTOMS OF ACTIVE TUBERCULOSIS AND MAY WORK WITHOUT LIMITATIONS					

DECLARATION

BASED ON HEALTH HISTORY, PHYSICAL EXAMS AND/OR LABORATORY TESTS PERFORMED, THIS PATIENT'S CONDITION WILL PERMIT HIM/HER TO WORK IN THE HEALTH CARE FIELD. IN ADDITION, BASED UPON THIS EXAMINATION, THIS INDIVIDUAL IS FREE FROM ANY HEALTH IMPAIRMENT WHICH IS OF POTENTIAL RISK TO THE PATIENT OR WHICH MIGHT INTERFERE WITH THE PERFORMANCE OF HIS/HER DUTIES, INCLUDING THE HABITUATION OR ADDICTION TO DEPRESSANTS, STIMULANTS, NARCOTICS, ALCOHOL OR ANY OTHER DRUG SUBSTANCES.

PLEASE CHECK: FULLY EMPLOYABLE EMPLOYABLE WITH LIMITATIONS NOT CURRENTLY EMPLOYABLE

PHYSICIAN INFORMATION	NAME	LICENSE	DATE / /
	PHYSICIAN SIGNATURE		
	FACILITY STAMP		