



PHYSICAL EXAMINATION REPORT

Name Birthdate Last four digits of Social Security

Address Phone # Examination Date

HISTORY

Operations
Injuries
Hernia
Acute / Chronic
Use of Narcotics / Meds / Alcohol / Tobacco Hospitalizations
Allergies
Psychiatric
Tetanus / Diphtheria / Pertussis Vaccination (within 10 Years) Date: Lot# Exp Date:
Use of Assistive

PHYSICAL

Weight Height B / P Pulse

Table with 4 columns: Category, Normal, Abnormal, Comments. Rows include Cognitive function, Skin, Glands, Chest, Heart, Lungs, Abdomen, Arms / Legs, Muscle Stretch, Back, Coordination / Reflexes, Eyes, ENT, Forensic 10 Panel - Drug Test.

Mantoux 1 Given Read Results mm induration [-] mm induration [+]
Mantoux 2 Given Read Results mm induration [-] mm induration [+]
Respiratory Assessment () Chest X-Ray Date Results
QuantiFERON TB Gold Date Results
Rubella Titer Date () Immune () Non-Immune
Rubeola Titer Date () Immune () Non-Immune
Varicella Titer Date () Immune () Non-Immune
Mumps Titer Date () Immune () Non-Immune
HBsAb Date
HBsAg Date Hep B Declination Date
HepCAb Date

I have examined and determined that he / she is free of any health impairment which is of potential risk to patients or which might interfere with the performance of his / her duties.

Signature Date LIC#
Physician's Name
Physician's Phone (please print)
Physician's Address

NOTE
ALL LAB REPORTS
MUST BE ATTACHED!
STAMP HERE

(This form is not valid unless stamped by MD / authorized provider)