## PHYSICAL EXAMINATION REPORT

NAME:	DOB:	SSN (Last 4):
ADDRESS:	PHONE:	

n fan it werken it werken it de ferste fan de ferste f		COMMENTS			COMMENTS
HEAD			ABDOM	IINAL	
EYES			EXTREM	ITIES	
NECK			CARDIOVA		
THROAT			MUSCULOS	KELETAL	
LUNGS			SKII	N	
HEART			CENTRAL NERVOUS SYSTEM		
HT:	WT:	B/P:	PULSE:	RESP:	TEMP:

**REQUIRED FOR PRE-EMPLOYMENT** 

	-			1.						A REAL PROPERTY AND A REAL	
9	RUBELLA LABS REQUIRED	DATE:			TITER	ter: I immune 🛛 non-immu			MMR VACCINE DATES:		
		OUTE		where all the grant the galacter	Research and the state of the			IN-INIVIONE MI		1MR 1:	
	RUBEOLA (MEASLES) LABS REQUIRED	DATE:							2.		
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1	PPD	1. Date Im	planted:	d: 2. Date Read:							
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1	QUANTIFERON		DATE:				RESULTS:				
	LABS REQUIRED	a - an an fair an a da an	an hala ar stad a ta da an ar san de adresen ta ande san de ar separation da								
	CHEST X-RAY		DATE:			RESULTS:					
	LABS REQUIRED					WITHIN NORMAL LIMITS (W			/NL) CABNORMAL		
	8-PANEL DRUG SCF	REEN DATE:				RESULTS:					
State of the second	LABS REQUIRED					D NEGA	ATIVE	ungan and a state of the			
TUBERCULOSIS SCREENING QUESTIONNAIRE											
	1. Chronic Cough	n of Sputum 🛛 NO 🗆 YES									
	2. Production of Spu				6. Fatigue/Tiredness						
	3. Blood-Streaked S	putum				7. Night Sweats					
	4. Unexplained Wei	ght Loss		8. Sho	Shortness of Breath						
BASELINE INDIVIDUAL TB RISK ASSESSMENT											
	Temporary or permanent residence of >1 month in a country with a high TB rate										
	Current or planned immunosuppression								□ NO □ YES		
	Close contact with so	meone who	has had infection	ons TB dl	sease si	nce the la	st TB tes	t		□ NO □ YES	
				INFLUE	NZA VA	CCINE					
		DATE:					LOT#:				
	DECLINED (Must Si	gn Declinatio	n)								
FREE OF HABITUATION											
P	PHYSICAN SIGNATURE:DATE:							ter defined and the filles and the section of the section of			
-	NUCICAN CTAND.										

EXAMP:\_\_\_\_\_\_LICENSE #:\_\_\_\_\_\_Based on health history provided, physical exam, and/or bab test performed, on this person's physical and emotional condition, he she will be
permitted to work in the health care field (MUST PROVIDE LABS WITH PHYSICAL EXAMINATION REPORT)