



1375 Bay St Staten Island, NY 10305

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EMPLOYEE PHYSICAL EXAMINATION REPORT

Pre-Employment Physical Assessment
 Annual Assessment
 Return to work/LOA
 Other:

Name:	Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address:	SS#	Title,

PHYSICAL EXAMINATION

HEAD/ENT
EYES.
NECK
BREASTS
LUNGS:
CARDIOVASCULAR:
MUSCULOSKELETAL:
ABDOMENS
GENITOURINARY:
CENTRAL NERVOUS SYSTEM:
COMMENTS:

HT:	WT:	B/P	PULSE:	RESP	TEMP
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LABORATORY TEST RESULTS

TEST	DATE PERFORMED	RESULTS PROVIDE LAB VALUES AND INTERPRETAION
RUBELLA TITER		NON-IMMUNE IMMUNE LAB VALUE:
MEASLES TITER		NON-IMMUNE IMMUNE LAB VALUE:

PPD (ANNUALLY)	1. DATE IMPLEMENTED	1 DATE READ:	RESULTS (mmxmm):
	2. DATE IMPLEMENTED	2. DATE READ	RESULTS (mmxmm):
CHEST X-RAY (+PPD)	Date:	Results:	
DRUG SCREEN Amphetamines Barbiturates Cocaine Methadone Opiates Benzodiazepines Phencyclidine (PCP) Cannabinoids Propoxyphene Methaqualone	DATE		RESULTS
IMMUNIZATIONS	DATE	DATE	DATE
RUBELLA			
RUBEOLA/MEASLES	1.	2.	
HEPATITIS B VACCINE		2,	3.
MMR Vaccine (alternate for Rubella & Rubeola)			
Varicella Vaccine			
FLU VACCINE			

TB SCREEN (HISTORY + PPO) YES NO Chest Pain Lingering cough Loss of energy Unexplained weight loss in part year Blood sputum Increased sweating at night			
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HABITUATION STATEMENT

This individual is free from any health impairment that is a potential risk to the patient or to other employee or which may 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 behavior.

Physician Signature:

Stamp and Lic. No.

Date: