

## Pre-Employment Physical Form

### Personal Data

|                         |  |            |        |              |               |
|-------------------------|--|------------|--------|--------------|---------------|
| Name (Last, First, MI): |  |            |        | SSN:         |               |
| Date of Birth: / /      |  | Age:       |        | Ethnicity:   |               |
| Phone Numbers:          |  | Home ( ) - |        | Mobile ( ) - |               |
| Work ( ) -              |  |            |        |              |               |
| Address:                |  |            |        |              |               |
| (street)                |  |            | (city) |              | (state) (zip) |
| Job Title & Department: |  |            |        |              |               |

### Current Medical Provider

|                 |  |  |        |                     |               |
|-----------------|--|--|--------|---------------------|---------------|
| Name of doctor: |  |  |        | Phone Number: ( ) - |               |
| Address:        |  |  |        |                     |               |
| (street)        |  |  | (city) |                     | (state) (zip) |

### Vaccination History/Communicable Diseases

| Have you had:                                                                               | Yes | No | Unsure |
|---------------------------------------------------------------------------------------------|-----|----|--------|
| The standard series of childhood vaccinations (to the best of your knowledge)?              |     |    |        |
| The disease "chicken pox" or the chicken pox vaccine (varicella)?                           |     |    |        |
| A tetanus/diphtheria booster shot within the last 10 years?                                 |     |    |        |
| Hepatitis B vaccination (this is a series of three injections spaced several months apart)? |     |    |        |
| The disease "Tuberculosis"?                                                                 |     |    |        |
| A positive tuberculosis test (also called a PPD or Tine test)?                              |     |    |        |
| Type of TB test _____ Date given _____ Results _____                                        |     |    |        |
| Vaccination against tuberculosis with BCG (this is uncommon in the United States)?          |     |    |        |

### Physical Examination

| Height | Weight | BMI | Blood Pressure | Pulse | Respirations | Temperature |
|--------|--------|-----|----------------|-------|--------------|-------------|
|        |        |     |                |       |              |             |

Vision:                      Glass -- Yes or No

Neck: \_\_\_\_\_

Chest/Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Skin: \_\_\_\_\_

I \_\_\_\_\_ have examined the above person and certify that he/she is free from communicable diseases and is in satisfactory condition to work for CIS & H Inc.

Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Generic Physical Form For Employment

**Guillaume Favre**



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