

Your
Hospital's
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Physical Examination

Pre-Employment
Annual

Employee Health Services

Tel (202) 269 - 7391

Fax (202) 269 - 7032

NAME		JOB TITLE		DEPARTMENT	
1. GENERAL APPEARANCE	AGE	HEIGHT	WEIGHT	PULSE	B/P
2. SKIN					
3. H.E.E.N.T.					
4. LUNGS					
5. HEART					
6. ABDOMEN				HERNIA	
7. NEUROLOGICAL					
8. BACK					
9. EXTREMITIES					
10. COMMENTS					

PPD (Date Given) _____ (Date Read) _____ REPORT ATTACHED
 PPD + BY HISTORY: YES NO SYMPTOM SURVEY COMPLETED
 CHEST X-RAY NOT INDICATED BASED ON EXAM:
 HEP B VACCINE COMPLETED: YES NO CXR: INDICATED COMPLETED

LABS

UDS CBC URINALYSIS HBsab VARICELLA
 SEROLOGY RUBELLA RUBEOLA OTHER _____

Recommendation Based Upon Given Health History and Examination

CLEARED FOR EMPLOYMENT REASONABLE ACCOMMODATION

DATE CLEARED _____

EXAMINER	DATE
MEDICAL DIRECTOR	DATE

NOTICE SENT _____ H.R.