health aide

PRE EMPLOYEE PHYSICAL

Name:	DOB:	Age:
Address:	SS:	Title:

MEDICAL HISTORY

☐ Allergies ☐ Heart Disease ☐ Hypertension ☐ Diabetes
☐ Poor Vision ☐ Asthma ☐ Tuberculosis ☐ Seizure Disorder
Others: _____

PHYSICAL EXAMINATION

Head/ENT	_____	Musculoskeletal	_____
Eyes	_____	Abdomen	_____
Neck	_____	Genitourinary	_____
Breasts	_____	CNS	_____
Lungs	_____	Comments	_____
Cardiovascular	_____		_____
Height:	Weight:	Temp: BP:	Pulse: Resp:

IMMUNIZATIONS:

Rubella Dates: 1. _____
Measles Dates: 1. _____ 2. _____

TITERS:

Rubella: Result _____ ☐ Immune ☐ Non immune
Measles: Result _____ ☐ Immune ☐ Non immune

PPD

Date planted: _____ Date Read: _____
Result _____ (mm) ☐ Neg ☐ Positive

(FOR POSITIVE PPD ONLY)

Chext X-ray: Date/Result _____ (Attach report)
TB Prophylazis initiation date: _____
Treatment not recommended: _____ Reason? _____

WORK CLEARANCE:

The above named person is found to be in good mental/physical health. He/She is free from signs and symptoms of habituation or addiction to alcohol, depressants, stimulants, narcotics or other substances that may alter the person's behavior. He/She is free from any condition or communicable disease which could endanger his/her safety as well as the client.

Medical Providers signature: _____ **Date:** _____

Stamp: _____ **License No:** _____

License Number: _____