



Physical Examination Report

****TO BE COMPLETED BY A LICENSED PHYSICIAN****

Employee Name:..... Date:.....

Job Title:.....

The above named person or applicant is currently employed or will be employed by Samaritan Services Inc. In accordance with Federal and State regulations which require that an annual physical examination for all health care workers be done. Kindly complete, sign and date this form. Thank you.

I hereby authorize the release of information below to Samaritan Services.....
(Employee Signature)

Height..... Sex..... Temp Resp.....

Weight..... Age..... Pulse..... B/P

Allergies:.....

Demonstrates adequate pain-free range of motion of neck, shoulders, wrists, hands, spine, hips knees, ankles: Yes: No: Comments:.....

PLEASE INDICATE DATES AND FINDINGS OF THE FOLLOWING:

Measles/Mumps/ Rubella: MMR Vaccine Given:..... Date:
(If vaccine not given, complete the following:)

Rubella Titre: Date:.....Result:Vaccine: Date:Result:

Rubeola Titre: Date:.....Result:..... Rubeola Vaccine: Date:Result:.....

Varicella Titre: Date:.....Result:.....

Drugscreen: Neg..... Pos..... Date:.....

Hepatitis Vaccine #1:..... Date:.....

Hepatitis Vaccine #2:..... Date:.....

Hepatitis Vaccine #3:..... Date:.....

#1 PPD: Date Administered:Date Read:.....

Result: 0mm..... 1-4mm..... 5-9mm..... 10-15mm*Over 15mm*

(If #1 PPD Negative, must have #2 PPD within 1-3 weeks according to CDC Guidelines)

#2 PPD: Date Administered:Date Read:.....

Result: 0mm..... 1-4mm..... 5-9mm..... 10-15mm*Over 15mm*

*If positive PPD, must have Chest X-Ray: Date:..... Result:.....

Are there any physical, psychological or mental limitations which would impair the performance of this employee? YES..... NO..... If yes, please explain:

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This applicant was interviewed and examined by me. I found his/her health status adequate for work in the health care field. Also, the patient is free from habituation and addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the behavior, or might interfere with the performance his/her duties. The patient is free for any signs or symptoms of active pulmonary Tuberculosis

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Physicians Signature Date Address Phone #