

ANCHOR HEALTH

EMPLOYMENT 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 type="checkbox"/> F
Address:	SS#:	Title:

PHYSICAL EXAMINATION

HEAD/ENT:	HEART DISEASE: __ YES __ NO
EYES:	HIGH BLOOD PRESSURE: __ YES __ NO
NECK:	BACK PROBLEM: __ YES __ NO
BREASTS:	ARTHRITIS: __ YES __ NO
LUNGS:	PSYCHIATRIC ILLNESS: __ YES __ NO
CARDIOVASCULAR:	ALCOHOL ABUSE: __ YES __ NO
MUSCULARSKELETAL:	DRUG ABUSE: __ YES __ NO
ABDOMEN:	EPILEPSY/SEIZURES: __ YES __ NO
GENITOURINARY:	ALLERGIES: __ YES __ NO
CENTRAL NERVOUS SYSTEM:	ASTHMA: __ YES __ NO

COMMENTS:

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

TEST	DATE PERFORMED		RESULTS
	PROVIDE LAB VALUES AND INTERPRETATIONS		
PPD (ANNUALLY)	1. DATE IMPLANTED	1. DATE READ	RESULTS (mmxmm)
PPD 2 ND DOSE	2. DATE IMPLANTED	2. DATE READ	RESULTS (mmxmm)
CHEST X-RAY (FOR +PPD ONLY)	DATE:		RESULTS:
IMMUNIZATIONS:	DATE	DATE	DATE &/or RESULTS
MEASLES/RUBEOLA:	1.	2.	<input type="checkbox"/> NON-IMMUNE <input type="checkbox"/> IMMUNE LAB VALUE:
RUBELLA:	1.	2.	<input type="checkbox"/> NON-IMMUNE <input type="checkbox"/> IMMUNE LAB VALUE:
DRUG SCREEN:	1.	2.	COMMENTS:
HEPATITITS B VACCINE:	1.	2.	3.

- 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 drugs or alcohol.
- This individual is able to work with the following limitations:
- This individual is not physically/mentally able to work. (*specify reason*):

Physician Signature:	Lic. No.	Date:
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