

PHYSICAL STATEMENT

PHYSICAL EXAMINATION

Independent Contractor/Employee: _____ Date: _____
(Please Print)

Address: _____

Telephone: _____ Age: _____ Sex: _____

Position Applied For: _____

Last Date of Hospitalization: _____ Reason: _____

Drug Allergies: _____

Temperature: _____ Pulse: _____ Respiration: _____ Blood Pressure: _____

Height: _____ Weight: _____

Is this person capable of working in the position applied for? Remarks _____

Is this person a positive TST reactor? Yes No

If yes, date of chest x-ray _____ Results: Positive Negative

ANSWERS TO THE FOLLOWING QUESTIONS ARE REQUIRED BY THE STATE.

Is this person free of communicable diseases that could be casually transmitted? Yes No

Mantoux Method Tuberculin Skin Test (TST) Negative Positive

This individual is in good health sufficient to provide services to individuals with compromised health, does not constitute a risk of communicating diseases to any person under his/her care.

Physician's Signature

License No. _____

Facility: _____ Physician Name: _____ Date _____	FACILITY STAMP: <u>MANDATORY</u>
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