

Ventnor Educational Community Complex

PERSONNEL PHYSICAL EXAMINATION

Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_

Intradermal Mantoux Tuberculin Test:

Date: \_\_\_\_\_ Type: \_\_\_\_\_ Result: \_\_\_\_\_

Follow up: X-Ray: \_\_\_\_\_ Result: \_\_\_\_\_ Rx: \_\_\_\_\_

Immunization Dates:

Hepatitis B: (3 shot series) \_\_\_\_\_

Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Polio: \_\_\_\_\_

Examination:

Blood Pressure \_\_\_\_\_ Is this normal for you? \_\_\_\_\_

Height \_\_\_\_\_ Heart \_\_\_\_\_

Weight \_\_\_\_\_ Lungs \_\_\_\_\_

Eyes:

Right \_\_\_\_\_ Left \_\_\_\_\_

Ears \_\_\_\_\_ Orthopedic \_\_\_\_\_

Thyroid \_\_\_\_\_ Posture \_\_\_\_\_

Nose \_\_\_\_\_ Skin (Noncomm.) \_\_\_\_\_

Mouth \_\_\_\_\_ Reflexes \_\_\_\_\_

Nervous Disorder \_\_\_\_\_ Allergies \_\_\_\_\_

Urinalysis

(if indicated) \_\_\_\_\_ Hemoglobin \_\_\_\_\_

Please indicate whether or not patient is receiving treatment for any chronic disorder. If so, is the patient currently able to perform, with or without reasonable accommodation, the essential job duties of the position sought; if so, what are the reasonable accommodations that would enable him/her to do so; does he/she pose a direct threat to the health of students and other employees. Medical information is not being sought for the purpose of excluding disabled persons from employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Exam

Physician's Name

Physician's signature