



**Personal Data**

|                         |  |            |  |                                                                                  |  |
|-------------------------|--|------------|--|----------------------------------------------------------------------------------|--|
| Name (Last, First, MI): |  |            |  | SSN:                                                                             |  |
| Date of Birth: / /      |  | Age:       |  | Ethnicity:                                                                       |  |
| Phone Numbers:          |  | Home ( ) - |  | Mobile ( ) -                                                                     |  |
| Address:                |  |            |  | Work ( ) -                                                                       |  |
| (street)                |  | (city)     |  | (state) (zip)                                                                    |  |
| Job Title & Department: |  |            |  | Union: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: |  |

**Current Medical Provider**

|                 |  |                      |  |
|-----------------|--|----------------------|--|
| Name of doctor: |  | Phone Number: ( ) -  |  |
| Address:        |  |                      |  |
| (street)        |  | (city) (state) (zip) |  |

**Prior Employment** Start with most recent job

|   | Job Title | Employer/City/State | Dates of employment (mo/yr) |
|---|-----------|---------------------|-----------------------------|
| 1 |           |                     | / to /                      |
| 2 |           |                     | / to /                      |
| 3 |           |                     | / to /                      |
| 4 |           |                     | / to /                      |

**Review of Symptoms**

| Do you have any of the following?:              | Yes | No | Do you have any of the following?:      | Yes | No |
|-------------------------------------------------|-----|----|-----------------------------------------|-----|----|
| Weight loss / Weight gain (circle)              |     |    | Palpitations or skipped beats           |     |    |
| Fever                                           |     |    | Chest pain or tightness                 |     |    |
| Headaches                                       |     |    | Indigestion/heartburn                   |     |    |
| Difficulty with vision / Wear lenses or glasses |     |    | Abdominal pain                          |     |    |
| Dizziness / Vertigo                             |     |    | Diarrhea/constipation                   |     |    |
| Difficulty hearing                              |     |    | Irregular periods                       |     |    |
| Seasonal allergies                              |     |    | Frequent urinary tract infections       |     |    |
| Sinus problems                                  |     |    | Kidney stones                           |     |    |
| Tiredness or falling asleep during the day      |     |    | Back pain                               |     |    |
| Unable to tolerate heat or cold                 |     |    | Joint pain or swelling                  |     |    |
| Shortness of breath with or without exertion    |     |    | A history of broken bones               |     |    |
| Whooping                                        |     |    | Swelling of the legs                    |     |    |
| Cough                                           |     |    | Skin problems (rash, eczema, psoriasis) |     |    |

**Vaccination History/Communicable Diseases**

| Have you had:                                                                               | Yes | No | Unsure |
|---------------------------------------------------------------------------------------------|-----|----|--------|
| The standard series of childhood vaccinations (to the best of your knowledge)?              |     |    |        |
| The disease "chicken pox" or the chicken pox vaccine (varicella)?                           |     |    |        |
| A tetanus/diphtheria booster shot within the last 10 years?                                 |     |    |        |
| Hepatitis B vaccination (this is a series of three injections spaced several months apart)? |     |    |        |
| The disease "Tuberculosis"?                                                                 |     |    |        |
| A positive tuberculosis test (also called a PPD or Tine test)?                              |     |    |        |
| Vaccination against tuberculosis with BCG (this is uncommon in the United States)?          |     |    |        |

# Pre Employment History And Physical Form

**Rory J. McMahon CLI**



## **Pre Employment History And Physical Form:**

*Pre-Employment Background Investigations for Public Safety Professionals* Frank A. Colaprete, 2012-05-10 Author Radio Interview Join Dr Frank A Colaprete for an upcoming interview on the Privacy Piracy show on KUCI 88.9FM Click here on September 2nd 2013 at 8:00 a.m. PST to listen in Pre employment investigations have been the subject of intense review and debate since 9/11 made the vetting of applicants a critical function of every organization **SCORE, Solving Community**

**Obstacles and Restoring Employment** Lynn Wechsler Kramer, 1984 This book presents the SCORE program which is a program of occupational rehabilitation for individuals who have experienced disruptions in their careers because of medical and/or psychiatric conditions The SCORE program aids in developing work skills and integrating the employable disabled back into the community as productive citizens *Human Resource Management in Nursing* Dale Kayser Jernigan, 1988

Medical Record Administration and Health Care Documentation United States. Department of the Army, 1999

**American Association of Industrial Nurses Journal** American Association of Industrial Nurses, 1968 **Veterans' Employment Programs in the U.S. Postal Service** United States. Congress. House. Committee on Veterans' Affairs. Subcommittee on Education, Training, and Employment, 1982 *Decisions of the Office of Administrative Law Judges and Office of Administrative Appeals* United States. Department of Labor. Office of Administrative Law Judges, 1991 Sittig's Handbook of Toxic and Hazardous Chemicals and Carcinogens Richard P. Pohanish, 2008-01-10 For more than a quarter

century Sittig's Handbook of Toxic and Hazardous Chemicals and Carcinogens has proven to be among the most reliable easy to use and essential reference works on hazardous materials Sittig's 5th Edition remains the lone comprehensive work providing a vast array of critical information on the 2,100 most heavily used transported and regulated chemical substances of both occupational and environmental concern Information is the most vital resource anyone can have when dealing with potential hazardous substance accidents or acts of terror Sittig's provides extensive data for each of the 2,100 chemicals in a uniform format enabling fast and accurate decisions in any situation The chemicals are presented alphabetically and classified as a carcinogen hazardous substance hazardous waste or toxic pollutant This new edition contains extensively expanded information in all 28 fields for each chemical see table of contents and has been updated to keep pace with world events Chemicals classified as WMD have been included in the new edition as has more information frequently queried by first responders and frontline industrial safety personnel Includes and references European chemical identifiers and regulations The only single source reference that provides such in-depth information for each chemical The two volume set is designed for fast and accurate decision making in any situation The Detention and Jailing of Juveniles United States.

Congress. Senate. Committee on the Judiciary, 1974 **Occupational Health and Safety** Mr. Rohit Manglik, 2024-05-15 Explores the principles and practices of occupational health and safety addressing hazard identification risk assessment and legal compliance in workplace environments

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