Pre-Employment Physical Form

Personal Da	ita								
Name (Last, Fi	rst, MI):				SSN:				
Dane of Birth:	, ,	Age	Ethnicity:	Ethnicity:					
Phone Number	s: Home () -	Mobile ()	- Wo)	3.0		
Address:	***************************************								
Job Title & De	partment:		(city)		(state)	64	ipė.		
Current Me	dical Provider								
Name of doctor: Phone Number: (1 .		
	ionet)		(city)		(scare)		(viipt)		
	History/Com	municable Di	seases						
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)?								1	
							_	+	
	theria booster shot								
		series of three in	jections spaced several m	onths apart):				-	
The disease "T							-	+	
	eculosis test (also							4.0	
Type of T		Date given_					_		
		with BCG (this i	is uncommon in the Unite	d States)?					
Physical Ex-	amination					-			
Height	Weight	BMI	Blood Pressure	Pulse	Respirations	Temperature			
				100					
Vision: Neck: Chest/Lungs Heart: Musculoskel Skin:	etal:	Yes or No							
		have exam	nined the above perso ry condition to work	n and certi	fy that he/she is	free fi	Om		
ommunicable	e diseases and i	s in satisfacto	ry condition to work	tor CIS &	H Inc.				
Practitioner signature: Date:									

Physical Exam Form For Employment

Michael Seilmaier

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