

SCHOOL PERSONNEL PHYSICAL EXAMINATION

DATE _____

Name: _____ Birthdate: _____

Address: _____ Telephone No.: _____

Physician (Primary Care): _____

Phone: _____

Emergency Contact : _____ Telephone No.: _____

Health History-Please specify

Operations _____

Allergies: _____

Previous Serious Injury _____

Previous Serious Illness _____

Current Health Problems _____

Current Medications _____

Immunizations Available for Review? Yes___ No___ Please attach

Recent Mantoux/Tuberculosis Testing (if available) Date_____ Results_____

1. Throat: _____

- 2. Nodes: _____
- 3. Neck: _____
- 4. Heart: _____
- 5. Lungs: _____
- 6. Abdomen: _____
- 7. Nervous Disorders: _____
 Reflexes: _____
- 8. Endocrine: _____
- 9. Urinalysis: (If Indicated) _____
 Hemoglobin: (If Indicated) _____
- 10. Tuberculin Skin Test: Mantoux Intradermal Test REQUIRED
 Date: Month _____ Year _____ Reaction: _____
- 11. Comments: _____

 Printed Name of Physician

 Signature of Examining Physician

(Please do not complete below this line)

 Address of Examining Physician
 (Please Print)

Do you recommend the applicant for employment as _____
 Yes _____ No _____

 Signature of School Physician