

MEDICAL HISTORY AND PHYSICAL EXAMINATION

To be completed and signed by the examining provider or current health office.

Name: _____ DOB: _____ Date: _____

MEDICAL HISTORY

Conditions _____

Surgeries _____

Family History _____

Review of Systems _____

Allergies _____

Medications _____

Habits _____

Currently under active treatment or monitoring for drug or alcohol dependency. ___ Yes ___ No

PHYSICAL EXAMINATION

BP _____ TEMP _____ RESPIRATIONS _____ HGHT _____ WGHT _____

HEIGHT _____ WEIGHT _____

EYES _____ ENT _____

NECK _____ LUNGS _____

HEART _____ BREASTS _____

ABDOMEN _____ RECTAL _____

EXTREMITIES _____ NEURO _____

To the best of my knowledge I have determined that this individual is free from any health impairment which is of potential risk to patients or which may interfere with the performance of his/her duties. This includes habituation or addiction to depressants, stimulants, narcotics, alcohol or other chemical substances which may alter behavior.

Printed name of examining provider

Signature

Date

IMMUNIZATION RECORD REQUIREMENTS

TUBERCULIN SKIN TEST (TST/PPD)/ QUANTIFERON GOLD TEST RESULTS with the past year:

Date Read: _____ **Read by:** _____ **Results:** _____

(PPD only. Tine Test unacceptable) BCG vaccination does not negate the need for PPD testing.

If PPD is positive, a negative chest x-ray must be documented since the PPD testing.

Chest x-ray date: _____ Results: _____ Treated with INH? yes no

At the discretion of the hospital, an annual TB screening may be used in lieu of annual tuberculin skin test/

IMMUNIZATIONS:

RUBELLA: Documented administration of one dose of live rubella virus vaccine OR laboratory evidence of immunity OR laboratory confirmation of disease. Persons born prior to 1/1/1957 are exempt.

RUBEOLA: Documented administration of two doses of live measles virus vaccine OR laboratory evidence of immunity OR laboratory confirmation of disease. Persons born prior to 1/1/1957 are exempt.

MUMPS: Documented administration of two doses of live mumps virus vaccine OR laboratory evidence of immunity OR laboratory confirmation of disease. Persons born prior to 1/1/1957 are exempt.

VARICELLA: Documented administration of two doses of live varicella virus vaccine OR laboratory evidence of immunity OR laboratory confirmation of disease. Persons born prior to 1/1/1957 are exempt.

COVID: Documented administration of two doses and booster of Moderna/Pfizer vaccination or Documented administration of 1 dose and booster of J&J vaccination