

NANNIES FOR GRANNIES, INC.

EMPLOYEE PHYSICAL EXAMINATION REPORT

Pre-Employment Physical Assessment
 Annual Assessment
 Return to work/LOA
 Other:

Name:	Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address	SS #:	Title:

PHYSICAL EXAMINATION

HEAD/ENT:
EYES:
NECK:
BREASTS:
LUNGS:
CARDIOVASCULAR:
MUSCULOSKELETAL:
ABDOMEN:
GENITOURINARY:
CENTRAL NERVOUS SYSTEM:
COMMENTS:

HT:	WT:	B/P:	PULSE:	RESP:	TEMP:
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LABORATORY TEST RESULTS

TEST	DATE	RESULTS	
RUBELLA TITER		<input type="checkbox"/> NON-IMMUNE <input type="checkbox"/> IMMUNE	LAB VALUE:
MEASLES TITER		<input type="checkbox"/> NON-IMMUNE <input type="checkbox"/> IMMUNE	LAB VALUE:
PPD (ANNUALLY)	1 DATE IMPLANTED	1 DATE READ	RESULTS (mmxmm)
	2 DATE IMPLANTED	2 DATE READ	RESULTS (mmxmm)
CHEST X-RAY (+PPD)	Date:	Results:	

IMMUNIZATIONS:	DATE	DATE	DATE
RUBELLA	1.		
RUBEOLA/MEASLES	1.	2.	
HEPATITIS B VACCINE	1.	2.	3.
OTHER:			

This individual is free from a health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other substances that may alter his/her behavior.

This individual is able to work with the following limitations:

This individual is not physically/mentally able to work. (specify reason):

Physician Signature:	Lic. No.	Date:
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