THE NURSE CONNECTION STAFFING

EMPLOYEE PHYSICAL EXAMINATION

THIS SECTION TO BE COMPLETED BY EMPLOYEE:

Name:_____ Social Security #:_____
Lat First M.I.

Address:_____
 # & Street City State Zip Code

Telephone #:_____ Position Applied For:_____

MEDICAL HISTORY : *Have you had any of the following?*	**Yes**	**No**		**Yes**	**No**
Operations			Heart Disorders		
Fractures			Stomach Disorders		
Head Injuries			Epilepsy		
Back Injury			Mental Disease		
Other Injury			Rheumatism		
Chronic Back Pain			Allergies		
Tuberculosis			Asthma		
Difficulty Seeing			High Blood Pressure		
Difficulty Hearing			Hernia		
For any Yes responses noted above, please clarify on the opposite side.					
Are you currently taking medications? _____ If yes, please list:_____					

I affirm that all of the information is accurate and that I have no current physical limitations that would affect my work performance. I also understand that any falsification of information on this form will be grounds for termination of employment.

Signature:_____ Date:_____

THIS SECTION TO BE COMPLETED BY EXAMINING PHYSICIAN OR OTHER AUTHORIZED PROFESSIONAL

Eyes:_____
Ears:_____
Nose and Throat:_____
Skin:_____
Heart:_____
Lungs:_____
Abdomen:_____
Hernia:_____
Extemities/Joints:_____
Blood Pressure:_____ T:_____ P:_____ R:_____ Height:_____ Weight:_____
Limitations: □ Yes □ No If "Yes", explain_____
(*If Applicable*):

IMMUNIZATION	DATE ADMINISTERED	TEST PERFOMED	DATE	RESULTS
Rubella		Rubella Titer		(*Lab report required)*
Rubeola		Rubeola Titer		(*Lab report required)*
MMR		PPD		

In keeping with the requirements of N.Y.S. Health Department, I have found, to the best of my knowledge, this individual is free from any health impairment , which might interfere with the performance of his /her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances, which might pose a risk to the patient or interfere with his/her performance as a health care worker.

Signature:_____ Title:_____ Date:_____
Physician /Nurse Practioner/PA

Address:_____

11 Computer Drive West, Albany, NY 12205 518-459-6612 Fax: 518-459-6614
As of 10/1/15: 1 Computer Drive South, Albany, NY 12205