ALLIED CARE CORP

267 Amboy Ave., Suite 26
Metuchen, NJ 08840
Phone: 848-229-2374
201-839-2333
FAX: 866-688-6746

EMPLOYEE PHYSICAL EXAMINATION RECORD

DATE_____

NAME_____ DATE OF BIRTH ___/___/___

ADDRESS_____

_____ TEL # (___)____- _____

Height_____ Weight_____ Blood Pressure_____

Operations	YES / NO	Back Injury	YES / NO	Scars	YES / NO
Jaundice	YES / NO	Hypertension	YES / NO	Sinus	YES / NO
Fractures	YES / NO	Heart Trouble	YES / NO	Hernia	YES / NO
Diabetes	YES / NO	Head Injury	YES / NO	TB	YES / NO
Epilepsy	YES / NO	Skin Rashes	YES / NO	Asthma	YES / NO

Ears	Eyes
Teeth	Lungs
Heart	Abdomen
Mental Problems	Others

IMMUNIZATIONS

Rubella (Titer) Date drawn_____ Results_____

Rubeola (Titer) Date drawn_____ Results_____
(If born in 1957 or later)

MMR Date given_____

IGRA(Interferon Gamma Release Assay Blood Test) Date _____ Results + --

PPD (mantoux) 1st step Date given_____ Date read_____ Results_____
(must be in mm.)

PPD (mantoux) 2nd step Date given_____ Date read_____ Results_____
(must be in mm.)

Chest X-ray (if PPD is positive) Date_____ Results_____

This person is physically able to perform the duties as Home Health Aide/Nurse
[ ]Yes [ ]No
Comments_____

Examining Physician_____ License Number_____