



EMPLOYEE PHYSICAL EXAMINATION RECORD

DATE: ___/___/___

NAME: _____

DATE OF BIRTH: ___/___/___

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

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

Height: _____

Weight: _____

Blood Pressure: _____

	YES	NO
Operations		
Jaundice		
Fractures		
Diabetes		
Epilepsy		

	YES	NO
Back Injury		
Hypertension		
Heart Trouble		
Head Injury		
Skin Rashes		

	YES	NO
Scars		
Sinus		
Hernia		
TB		
Asthma		

Ears:	Eyes:
Teeth:	Lungs:
Heart:	Abdomen:
Mental Problems:	Others:

IMMUNIZATIONS

	Date Administered	Results
Rubella (Titer)		
Rubeola (Titer) (if born in 1957 or later)		
MMR		
IGRA (Interferon Gamma Release Assay Blood Test)		
PPD (mantoux) 1st step		
PPD (mantoux) 2nd step		
Chest X-ray (if PPD is positive)		

This person is physically able to perform the duties as Home Health Aide/Nurse.

[] YES [] NO

Comments: _____

Examining Physician: _____ License Number: _____