

**MOUNTAIN LAKES PUBLIC  
SCHOOLS  
Employee Physical Examination Form**

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

- As a condition for employment in the Mountain Lakes Public Schools you must **successfully** pass an examination to determine that you are in good health and free of tuberculosis. In addition, **your physician must provide the results of your TB skin test or chest x-ray, as well as the date on which it was performed, and read.**
- I hereby give consent to have further information that is requested by the Mountain Lakes Public Schools released by the physician who examined me.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN:**

Date of Examination: \_\_\_\_\_ General Appearance: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_ B/P: \_\_\_\_\_

**TB Test:** \_\_\_\_\_ **Date Done:** \_\_\_\_\_

**Date Read:** \_\_\_\_\_ **Result:** \_\_\_\_\_ MM

If Positive, chest x-ray: \_\_\_\_\_ **Date Done:** \_\_\_\_\_ **Result:** \_\_\_\_\_ **Date TB prophylaxis initiated:** \_\_\_\_\_

SYSTEM	Yes	No	If Abnormal, Comments:
Skin			
Eyes			
Ears			
Nose			
Throat/Dental			
Cardiovascular			
Respiratory			
Gastro Intestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Other			

Summary of Findings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of my examination. I hereby state that this employee is in good physical and mental health which is required to perform the essential functions of the position for which he or she is applying.

Medical License Number: \_\_\_\_\_

Print Name: \_\_\_\_\_ M.D./D.O.

Signature: Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_