

Cumberland Regional School District

Employee Physical Examination Form

To be completed by physician

Name: _____

Position: _____

Examination:	Normal	Abnormal	Comments
Height (inches) _____			
Weight (pounds) _____			
Pulse _____			
Blood Pressure _____			
Skin			
Eyes: visual acuity R ____ L ____			
Ears: hearing (dB) R ____ L ____			
Nose and Throat			
Heart			
Lungs			
Abdomen			
Genitourinary			
Neuromuscular			
Extremities/Joints			

Are there any medical issues or chronic diseases which require restriction or activity, medication of which may affect his/her work role? If so, specify: _____

Evaluation of suitability of employee for the type of duties which will be performed: _____

Signature of Examining Physician

Date of Exam

For Business Office Use Only

Date Received _____

Date Uploaded _____