Cumberland Regional School District

Employee Physical Examination Form

<u>To be completed by physician</u>

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			

H□ WHHD□ PHGLDL□ H□ R□RL□ GLHDH□LHTLH HWLWLRR□ DWLLWPHGLDWLRRI□
LPD□ DIIHWLH□ RN□ RH,I□ □R□SHLIBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB□
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_______________________________________ Signature of Examining Physician

_________________________ Date of Exam

For Business Office Use Only

Date Received ______________________ **Date Uploaded** ____________________