

**South River Public Schools – Employee Health Exam**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**HEALTH HISTORY**

Tuberculosis \_\_\_\_\_ TB Contact \_\_\_\_\_

Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_

Heart Disease \_\_\_\_\_ Circulatory Disease \_\_\_\_\_

Other Diseases in Family: \_\_\_\_\_

Accidents: \_\_\_\_\_

Operations: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PHYSICAL EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_

Respiratory Rate \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Vision w/out Glasses: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both \_\_\_\_\_

Vision with Glasses: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both \_\_\_\_\_

Hearing: Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_

Head \_\_\_\_\_ Eyes \_\_\_\_\_

Nose \_\_\_\_\_ Mouth \_\_\_\_\_

Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Chest \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_ Extremities \_\_\_\_\_

Skin \_\_\_\_\_ Neurological \_\_\_\_\_

Urinalysis \_\_\_\_\_

Mantoux: \_\_\_\_\_ Results: \_\_\_\_\_

**Record of Immunization (attach)**

Examining Physician: \_\_\_\_\_

Date of Exam: \_\_\_\_\_