



Pre-Employment Physical Form

Personal Data

Name (Last, First, MI):		SSN:	
Date of Birth: / /	Age:	Ethnicity:	
Phone Numbers:	Home () -	Mobile () -	Work () -
Address:			
(street)		(city)	(state) (zip)
Job Title & Department:			

Current Medical Provider

Name of doctor:	Phone Number: () -
Address:	
(street)	(city) (state) (zip)

Vaccination History/Communicable Diseases

Have you had:	Yes	No	Unsure
The standard series of childhood vaccinations (to the best of your knowledge)?			
The disease "chicken pox" or the chicken pox vaccine (varicella)?			
A tetanus/diphtheria booster shot within the last 10 years?			
Hepatitis B vaccination (this is a series of three injections spaced several months apart)?			
The disease "Tuberculosis"?			
A positive tuberculosis test (also called a PPD or Tine test)?			
Type of TB test _____ Date given _____ Results _____			
Vaccination against tuberculosis with BCG (this is uncommon in the United States)?			

Physical Examination

Height	Weight	BMI	Blood Pressure	Pulse	Respirations	Temperature

Vision: Glass -- Yes or No

Neck: _____

Chest/Lungs: _____

Heart: _____

Musculoskeletal: _____

Skin: _____

I _____ have examined the above person and certify that he/she is free from communicable diseases and is in satisfactory condition to work for CIS & H Inc.

Practitioner signature: _____ Date: _____