

# Physicals Plus

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## PRE-EMPLOYMENT PHYSICAL

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Email: \_\_\_\_\_

### Past Medical History

Any serious problems	Yes: _____	No: _____
Tuberculosis	Yes: _____	No: _____
Diabetes	Yes: _____	No: _____
Mental/Behavioral Disorder	Yes: _____	No: _____
Cardiovascular Disease	Yes: _____	No: _____
Hypertension/Hypotension	Yes: _____	No: _____
Asthma	Yes: _____	No: _____
Epilepsy/Seizure Disorder	Yes: _____	No: _____
Cancer	Yes: _____	No: _____
Kidney disease	Yes: _____	No: _____
Drug/Alcohol Abuse	Yes: _____	No: _____
Allergies	Yes: _____	No: _____
Other	Yes: _____	No: _____

### Medical Practitioner: Please complete the following:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ O2: \_\_\_\_\_

1. \*PPD #1 (Mantoux) Pos Neg Date placed: \_\_\_\_\_ Date Read: \_\_\_\_\_
2. \*PPD #2 (Mantoux) Pos Neg Date placed: \_\_\_\_\_ Date Read: \_\_\_\_\_

\*Chest X-ray: (If PPD is positive) (Attach lab report)

I certify that I have examined the above- named individual and found him/her to be:

- Physically fit for employment
- Employable- Suggest Follow Up and/ or completion of: \_\_\_\_\_
- Not Currently Employable- Recommend Additional Testing/Treatment and/or follow up as soon possible for: \_\_\_\_\_

Medical Practitioner's Signature/Title \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ License #: \_\_\_\_\_