

PRE-EMPLOYMENT HEALTH EXAMINATION

Rockford Public Schools – Rockford Illinois

PHYSICAL MUST BE COMPLETED WITHIN 30 DAYS OF EMPLOYMENT

Name: _____ Date: _____

Address: _____ Age: _____

Phone Number: _____ Position for which applying: _____

PAST ILLNESS (Yes or No and Year)

Epilepsy _____
Heart Disease _____
Kidney Disease _____
Nervous Breakdown _____
Peptic Ulcer _____
Pneumonia _____
Rheumatic Fever _____
Scarlet Fever _____
Tonsillitis _____
Tuberculosis _____
Other _____

PHYSICAL EXAMINATION

Weight _____
Height _____
Neck _____
Throat and Mouth _____
Nose _____
Glands _____
Heart _____
Rate and Rhythm _____
Murmurs _____
Blood Pressure _____
Skin _____
Extremities _____
Deformities _____
Hearing R 20/ _____ L 20/ _____
Eyes R 20/ _____ L 20/ _____
(If abnormal recommend
more complete eye exam.)

VACCINATION OR IMMUNIZATION (Yes or No and Year)

Diphtheria _____
Polio _____
Small Pox _____
Tetanus _____
Typhoid _____

LABORATORY

TB skin Test (within 90 days) Date _____ Result _____
or Chest X-ray (within 90 days) Date _____ Result _____

How much time have you lost from work during the last five years and give the cause for such loss?

Brief summary of defects:

Recommendations:

I hereby certify that the above questions have been answered correctly. _____
Employee's Signature

A periodic physical examination is not required but recommended. _____ M.D.
Physician's Signature