Audubon Public School District Employee Physical Examination Form A

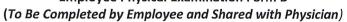
tuberculosis. In addition, your physician m	ust provide the results of your I	ust successfully pass an examination to determine that you are in good health and free of TB skin test or chest x-ray, as well as the date on which it was performed, and read,
within the last 90 days to comply with Ne I hereby give consent to have further inform by the physician that examined me.		dubon Public School District employee health services and/or school physician released
I certify that my responses on the Employee sufficient grounds for my release from employee		olete and true to the best of my knowledge. Any falsification or misrepresentation will be
Signature of Emplo	pyee	Date
(Physical examination must be c	completed by a physician license	eted by Physician ed in New Jersey or any other state to practice medicine and surgery)
Past Surgical Hx:		
Medications (include OTC product	s):	
Allergies (include drug, food, and e	environmental:	
Social Hx:		
Family Hx:		

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PPD/Mantoux Test for Tuberculosis:	PUBLIC SCHOO					
Date Applied:		OBUNDISTI				
Date Read:		AUDUBON S				
Results (millimeter of induration):		VEW JERSEY				
Chest X-Ray: Date Performed:	Results:					
Summary of Overall Physical Examination:						
	s" below, I hereby s	ant and the above is complete and accurate state that this employee is in good physical and as of the position for which he/she is applying.				
THIS APPLICANT IS FIT FOR EMPLOYMENT	T: □ Yes □ No	Deferred for Functional Capacity Evaluation: □				
Medical License Number:	Date:					
Print Name:						
Address:	Signature:					
	Phone:					
	Fax:					



Audubon Public School District Employee Physical Examination Form B





Personal Medical History for the Previous 365 Days - CHECK ALL THAT APPLY

Hea	id/Neck	Hea	rt/Circulation	Lun	gs	Sp	ine Extremities
	Concussion		Angina		Abnormal Chest X-ray		Amputation
	Dizzy Spells/ Seizures		Ankle/Leg Swelling		Asbestosis Exposure		Backache/Injury
	Fainting		Arrhythmia		Asthma/Wheezing		Difficulty Bending at the
	Headaches/Migraine		Chest Pain on Exertion		Chest Pain with Deep Breath		knees
	Neck Injuries		Chest Pain, Pressure, or Tightness		Chronic Bronchitis		Difficulty Climbing a flight of
	Other		Heart Attack		Chronic Cough		stairs or ladder carrying more
	Other		Heart Disease/Disorder		Cough when lying down		than 25 lbs
Био	A A THEORY OF THE		Heart Failure		Coughing at Night		Difficulty Fully Moving Your
Eyes		l _	Heart Murmur		Coughing Blood in Last Month		Head Up/Down
	Blurred Vision		Heart Valve Disorder		Daytime Drowsiness		Difficulty Fully Moving Your
	Change in Vision		High Blood Pressure		Early Morning Cough		Head Side to Side
	Color Deficiency		Leg Cramp When Walking		Emphysema		Difficulty Squatting to Ground
	Double Vision		Night Cough		Night Sweats		Dislocation
	Eye Pain		Palpitations/Flutters		Pneumonia/Pleurisy		Fractures
	Eye Surgery/Lasik		Persistent Fatigue		Pneumothorax/Collapsed Lungs		Joint Pain
	Flashes of Light		Radiating Chest Pain to Arms, Jaw, Neck,		Productive Cough		Joint Swelling/redness/heat
	Glasses/Contacts	Ц	Back		Shortness of Breath		Sprain/Strains
	Partial Loss of Vision		Shortness of Breath		Shortness of Breath while		Weakness of Hands/Feet
	Other			П			Numbness/tingling of
			Shortness of Breath on Lying Down Varicose Veins		walking fast or up slight incline Shortness of Breath while		Extremities
	Last Eye Exam:						Other
			Rigid/Irregular Pulse		walking with others at ordinary		Other
Ear	rs		Other		pace on level ground		
	Difficulty Clearing Sinuses/Ears				Shortness of Breath while	T	nyroid
	Discharge	Gas	trointestinal		washing/dressing		
	Frequent Earache		Abdominal Pain after Meals		Shortness of Breath that		Brittle Nails/Hair
	Frequent Itching in Ears		Bariatric Surgery		interferes with job		Decrease/Increase in Appetite
	Hearing Aid		Bloating/Gas/Cramping		Occupational Exposure		Goiter
	Hearing Loss		Bloody or Painful BM		Snoring		Hand Tremor
	Ringing in Ears		Change in Bowel Habits		Shortness of Breath while		Heat/Cold Intolerance
	Ruptured Eardrum		Weight Loss		walking at your own pace on		Rapid/Slow Heartbeat
			Food Intolerance	_	level ground		Thyroid Nodule
П	Other		Heartburn/Indigestion		Tuberculosis		Weight Gain
			Hemorrhoids		Prescribed Inhalers		Weight Loss
Vose	/Throat		Hiatal Hernia		Other		Other
	Bleeding Gums		History of Polyps				
			Nausea/Vomiting				
	Difficulty Swallowing		Change in Size of Stool	Me	nstrual History	Sı	ubstances
	Enlarged Glands		Persistent Diarrhea		Abnormal Pap		Smoke Cigarettes
	Fractured Nose		Reflux		Anemia		Packs per day
	Frequent Sinusitis		Other		Breast Lumps		Drink Alcohol
	Frequent Sore Throats		Other		Heavy Bleeding		Amount per day
	Loss of Smell	Hrie	nary		Hot Flashes/Sweats		Smoke Cigars
	Nose Bleeds				Irregular Cycle		Packs per day
	Persistent Hoarseness		Blood in Urine		Pregnancy Complication		Chew Tobacco
	Other		Burning on Urination		Severe Cramping		Amount per day
			Difficulty Starting/Stopping		Spotting		Drug Dependency
			Dripping		Vaginal Discharge		Treatment for Alcoholism
			Erectile Dysfunction	_	Other		Other
			Kidney/Bladder Stones				
			Nighttime Frequency				
			Sexually Transmitted Disease				
			Other				
	Employee's Signa	ture:			Dat	e: _	