STAFF HEALTH APPRAISAL

To Be Completed By Employee

Name

Address

Phone

Purpose of Physical Examination

Initial Employment
Annual Reexamination

Type of Work Activity (Check all that apply)

Caring for children/young adults
Food Prep
Driver
Maintenance

PART I To Be Completed By Health Professional

As shown by Physical Examination, does the individual have:

1. At least 20/40 combined vision, corrected by glasses if needed? YES NO
2. Color perception sufficient to distinguish between red, yellow, and green? YES NO
3. Hearing in at least one ear at 2000, at frequencies of 500, 1000 and 2000? YES NO
4. Normal blood pressure? YES NO
5. Normal cardiovascular system? YES NO
6. Normal respiratory system? YES NO
7. Ability to climb two flights of stairs without distress? YES NO
8. Normal skin? YES NO
9. Normal neuromuscular skeletal systems? YES NO
10. Normal endocrine system? YES NO

Please explain all “No” responses by using the reverse side of this form.

PART II

Is the individual free from communicable Tuberculosis as shown by:

11. Negative skin test results Date
12. Positive skin test followed by one negative X-ray and an asymptomatic history at this health appraisal?

Results must be read by a MD, RN or LPN

Please explain all “No” responses and plans for follow-up by using the reverse side of this form.

"For of such is the Kingdom of Heaven"

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PART III

Does the individual have any of the following medical problems:

13. History of heart problems? YES NO
14. History of epilepsy? YES NO
15. Diabetes? YES NO
16. Thyroid or other metabolic disorders? YES NO
17. Obesity? YES NO
18. Disabling emotional disorder? YES NO
19. Current drug or alcohol dependency? YES NO
20. Other special medical problems which require restriction of activity? YES NO
21. Medications which might affect work capacity? YES NO

Explain all “Yes” responses giving plans for follow-up below.

PLEASE PRINT:

Physician’s Name

Address

Telephone

Date of exam

The above named person was examined this date and was found to be free on any communicable or infectious disease and to be without any physical or mental condition that would be a hazard to persons being cared for in a facility regulated or supervised by the Department of Public Welfare, or affect the duties required in the performance of his/her work.

Signature of Physician