



an affiliate of Eastern Connecticut Health Network, Inc.
2800 Tamarack Avenue Suite 001 South Windsor, CT 06074

Tel: (860) 647-4796 Fax: (860) 644-0287

PHYSICAL EXAM

MED REC/ID # _____

| | | | | | |
|----------------|---------|--|---------------------------------|-----------------------------------|-------------------------------|
| DATE | COMPANY | <input type="checkbox"/> PRE-PLACEMENT | <input type="checkbox"/> ANNUAL | <input type="checkbox"/> PERIODIC | <input type="checkbox"/> EXIT |
| NAME | | | DATE OF BIRTH | SOC. SECURITY NO. | |
| ADDRESS | | | | TELEPHONE NO. | |
| JOB ASSIGNMENT | | | | | |

HEALTH HISTORY

| | |
|--|--|
| FAMILY DOCTOR | ADDRESS |
| DATE OF LAST PHYSICAL | |
| TO THE BEST OF YOUR KNOWLEDGE HAVE YOU RECEIVED ALL OF YOUR CHILDHOOD IMMUNIZATIONS? | <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF LAST TETANUS SHOT |
| LIST ANY HOSPITALIZATIONS OR SURGERY YOU HAVE HAD IN THE PAST | |
| | |
| | |
| ARE YOU CURRENTLY TAKING ANY MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT ARE THEY? | |
| DO YOU HAVE ALLERGIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT ARE THEY? | |
| LIST ANY CHRONIC HEALTH PROBLEMS YOU MAY HAVE: DO YOU SMOKE CIGARETTES? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HOW MUCH ALCOHOL DO YOU DRINK? | |
| DOMINANT HAND: <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | |

| | | | | | | | |
|---|---------------------------------|----|--------------------------------------|----|-------------------------------------|-----|----------------------------|
| <input checked="" type="checkbox"/> PLEASE CHECK IF YOU HAVE HAD IN THE PAST: | | | | | | | |
| 1 | WEIGHT LOSS > 10 LBS. W/O DIET | 28 | BREAST LUMPS | 53 | HEMORRHOIDS | 80 | HEAD INJURY/CONCUSSION |
| 2 | RECENT WEIGHT GAIN OF > 10 LBS. | 29 | BREAST SURGERY | 54 | FREQUENT DIARRHEA | 81 | LOSS OF CONSCIOUSNESS |
| 3 | PERSISTENT FATIGUE | 30 | FREQUENT COUGH | 55 | HEPATITIS OR JAUNDICE (YELLOW SKIN) | 82 | MEMORY LOSS |
| 4 | REPEATED INFECTION | 31 | BRONCHITIS | 56 | HERNIA | 83 | SLEEP DISTURBANCE |
| 5 | NIGHT SWEATS | 32 | EMPHYSEMA | 57 | KIDNEY INFECTIONS/BLADDER INFECTION | 84 | NERVOUSNESS |
| 6 | SKIN RASH | 33 | ASTHMA OR WHEEZING | 58 | KIDNEY STONES | 85 | MENTAL ILLNESS |
| 7 | GLAUCOMA/CATARACTS | 34 | PNEUMONIA | 59 | PAINFUL URINATION | 86 | FEAR OF HEIGHTS |
| 8 | FREQUENT/SEVERE HEADACHE | 35 | COUGHED UP BLOOD | 60 | BLOODY URINE | 87 | DIABETES |
| 9 | SINUS PAIN | 36 | HIGH BLOOD PRESSURE | 61 | URINATING FREQUENTLY AT NIGHT | 88 | THYROID PROBLEMS OR GOITER |
| 10 | WEAR GLASSES OR CONTACTS | 37 | SHORTNESS OF BREATH WHEN: | 62 | DISCHARGE FROM PENIS | 89 | RHEUMATIC FEVER |
| 11 | BLURRED VISION OR DOUBLE VISION | A | WALKING ON LEVEL GROUND | 63 | ARTHRITIS | 90 | POLIO |
| 12 | EYES SENSITIVE TO LIGHT | B | WALKING UP ONE FLIGHT OF STAIRS | 64 | TENDONITIS/BURSITIS | 91 | TUBERCULOSIS |
| 13 | EAR PAIN OR DISCHARGE | 38 | NEED TO SLEEP ON TWO OR MORE PILLOWS | 65 | SWELLING/REDNESS/HEAT OF ANY JOINTS | 92 | CANCER |
| 14 | EAR INFECTION | 39 | HEART ATTACK | 66 | FRACTURE | 93 | MULTIPLE SCLEROSIS |
| 15 | EAR SURGERY | 40 | STROKE | 67 | DISLOCATION OF JOINT | 94 | CARPAL TUNNEL SYNDROME |
| 16 | DIZZINESS | 41 | CHEST PAIN/ANGINA | 68 | ARM PAIN | 95 | SILICOSIS |
| 17 | CHANGE IN HEARING | 42 | PALPITATION/HEART FLUTTER | 69 | ARM/LEG WEAKNESS | 96 | ASBESTOSIS |
| 18 | HEARING AID | 43 | HEART MURMUR | 70 | WEAKNESS/TINGLING OF THE FINGERS | 97 | SEIZURES/CONVULSIONS |
| 19 | FAINING | 44 | CALF PAIN | 71 | HAND SURGERY | 98 | OTHER |
| 20 | DENTURES | 45 | ANKLE SWELLING | 72 | KNEE INJURY/SURGERY | | |
| 21 | LAST DENTAL EXAM DATE: | 46 | BLOOD CLOTS | 73 | FOOT PROBLEMS | | |
| 22 | RECURRENT MOUTH SORES | 47 | CHANGE IN APPETITE | 74 | MUSCLE SPASMS | | |
| 23 | BLEEDING GUMS | 48 | FREQUENT INDIGESTION OR STOMACH PAIN | 75 | BACK PAIN OR INJURY | | FOR WOMEN: |
| 24 | DIFFICULTY SWALLOWING | 49 | VOMITED BLOOD | 76 | BACK SURGERY | 99 | PROBLEMS W/ PERIODS |
| 25 | PERSISTENT HOARSENESS | 50 | CHANGE IN BOWEL HABITS | 77 | TREMORS | 100 | PREGNANCIES-NUMBER: |
| 26 | NECK INJURY | 51 | BLOODY/BLACK BOWEL MOVEMENTS | 78 | ANEMIA | 101 | PROBLEMS W/ PREGNANCIES |
| 27 | NECK RADIATION | 52 | FREQUENT CONSTIPATION | 79 | BLOOD TRANSFUSION | 102 | ARE YOU PREGNANT NOW? |

OCCUPATIONAL HEALTH HISTORY

PLEASE LIST ALL THE JOBS YOU HAVE HAD PRIOR TO YOUR PRESENT JOB

| EMPLOYER | DATES EMPLOYED | JOB TITLE | PROTECTIVE WEAR | | KNOWN EXPOSURES |
|----------|----------------|-----------|-----------------|----|-----------------|
| | | | YES | NO | |
| | | | | | |
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PLEASE CHECK ANY OF THE FOLLOWING PROCESSES AND/OR JOBS DONE IN THE PAST OR PRESENT

| | | | |
|-----------------------|---------------------------|--------------|-------------------------|
| ABRASIVE BLASTING | GRINDING OR METAL MACHINE | RUBBER | PETROLEUM |
| ACID/ALKALI TREATMENT | PAINTING | INSULATION | SHIPYARDS |
| DEGREASING | WELDING | QUARRY | REPETITIVE MOTION TASKS |
| ELECTROPLATING | FLOUR, FEED, OR GRAIN | CONSTRUCTION | SHIFTWORK |
| FORGING | COTTON PROCESSING | MINING | ROTATING SHIFTS |
| FOUNDRY | DETERGENTS | FARMING | |

PLEASE CHECK ANY OF THE FOLLOWING YOU MAY HAVE BEEN EXPOSED TO IN THE PAST OR PRESENT

| | | | |
|-------------|----------------------|-------------------|-----------------------|
| SILICA | MERCURY | TRICHLOROETHYLENE | RADIATION |
| ASBESTOS | NICKEL | XYLENE | INSECTICIDES |
| TALC | ALUMINUM | AMMONIA | CUTTING OILS OR MISTS |
| FIBERGLASS | BENZENE | FORMALDEHYDE | AUTO/TRUCK EXHAUST |
| COTTON DUST | CARBON DISULFIDE | HYDROGEN SULFIDE | NOISE |
| GRAPHITE | CARBON TETRACHLORIDE | CYANIDE | TEMP. EXTREMES |
| SAWDUST | METHYL CHLOROFORM | SULFUR DIOXIDE | CHEMOTHERAPY |
| PLASTICS | NAPHTHA | FLUORIDES | MEK |
| LEAD | TOLUENE | NITROGEN OXIDE | |

ALLERGIC REACTIONS: HAVE YOU EVER EXPERIENCED ADVERSE REACTIONS TO ANY OF THE PREVIOUS SUBSTANCES? IF SO, PLEASE DESCRIBE REACTION:

PLEASE CHECK IF YOU HAVE WORN ANY OF THE FOLLOWING SAFETY EQUIPMENT

| | | |
|----------------|-----------------------------|-----------------|
| HARD HAT | FACE MASK-CARTRIDGE | SAFETY CLOTHING |
| SAFETY GLASSES | FULL FACE MASK-AIR DRIVEN | SAFETY SHOES |
| EAR PLUGS | FACE SHIELD / UV PROTECTION | OTHER: |
| FILTER MASK | SAFETY APRON | |

DOES ANYONE IN YOUR HOUSEHOLD HAVE CONTACT WITH CHEMICALS, DUST, OR OTHER HAZARDS DURING WORK OR LEISURE ACTIVITIES? YES NO TYPE: _____

HAVE YOU EVER LIVED OUTSIDE THE UNITED STATES FOR GREATER THAN 9 MONTHS? YES NO IF YES, WHERE AND WHEN: _____

DO YOU HAVE ANY OF THE FOLLOWING CRAFTS OR HOBBIES?

| | | | | |
|---------------|-----------------|----------------|---------------|--------|
| CERAMICS | SCUBA DIVING | SNOWMOBILE | GARDENING | OTHER: |
| PAINTING | HUNTING | MOTORCYCLE | MUSIC / BAND | |
| HOME WORKSHOP | TARGET PRACTICE | MODEL BUILDING | WALKMAN RADIO | |

IMMUNIZATION HISTORY

MEASLES Rubeola (if born after '57) Rubella

- Immune by history or titer _____ Yes _____ No

- Vaccine given: _____ Yes _____ No _____ Yes _____ No

- Lab test ordered _____ Yes _____ No _____ Yes _____ No

Results _____ Positive _____ Negative _____ Positive _____ Negative

VARICELLA

Immune by history or record _____ Yes _____ No

Lab test ordered _____ Yes _____ No

Results _____ Positive _____ Negative

TUBERCULOSIS

History of positive PPD _____ Yes _____ No PPD _____ Results _____

Waiver required _____ Yes _____ No

PHYSICAL EXAM

HEIGHT _____ WEIGHT _____ TEMP _____ PULSE _____ RESP. _____ B/P _____

| | NORMAL | ABNORMAL | EXPLANATION |
|--|--------|----------|-------------|
| HEAD a. Eyes b. Ears..... | | | |
| NECK a. Thyroid b. Lymphatics | | | |
| CHEST a. Percussion b. Auscultation | | | |
| HEART a. Sounds b. Rhythm | | | |
| ABDOMEN a. Palpitation b. Any Hernias c. Scars..... | | | |
| EXTREMITIES a. Blood Vessels b. Strength c. Range of Motion d. Grip Strength..... e. Tinel f. Phelan..... g. Romberg h. Squat i Shoulder Range of Motion | | | |
| BACK a. Posture b. Flexion c. Extension d. Lateral Bending..... e. Side Bending f. Straight Leg Raising | | | |
| NEUROLOGIC a. Mental Status b. Cranial Nerves c. Muscle Strength d. Cerebellar e. Babinski f. Deep Tendon Reflexes | | | |

Abbreviations: NI = "Normal" NCD = "Not Considered Disqualifying"

COMMENTS ON HISTORY AND PHYSICAL FINDINGS

M.D. / R.N. SIGNATURE

DATE

ADDITIONAL TESTING

| VISION | | | | | | | | | | | | | | | | | | |
|--------------|-----|--------------------|---------------|-----|-----------|-----|------|------------------|-----|-------------|--------------|--------|-----|-------------|-----------|-------------|------|--|
| UNCORRECTED | | | | | CORRECTED | | | | | UNCORRECTED | | | | | CORRECTED | | | |
| FAR | | R20/ | | | L20/ | | R20/ | | | L20/ | | NEAR | | R20/ | | | L20/ | |
| COLOR VISION | | | VISUAL FIELDS | | | | | DEPTH PERCEPTION | | | VERT. PHORIA | | | LAT. PHORIA | | LAT. PHORIA | | |
| | | | | | /8 R | | L | | | | | % NEAR | | | FAR | | | |
| BMI | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | |
| Height | | Weight (in pounds) | | | | | | | | | | | | | | | | |
| 4'10" (58") | 91 | 96 | 100 | 105 | 110 | 115 | 119 | 124 | 129 | 134 | 138 | 143 | 148 | 153 | 158 | 162 | 167 | |
| 4'11" (59") | 94 | 99 | 104 | 109 | 114 | 119 | 124 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 173 | |
| 5' (60") | 97 | 102 | 107 | 112 | 118 | 123 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 174 | 179 | |
| 5'1" (61") | 100 | 106 | 111 | 116 | 122 | 127 | 132 | 137 | 143 | 148 | 153 | 158 | 164 | 169 | 174 | 180 | 185 | |
| 5'2" (62") | 104 | 109 | 115 | 120 | 126 | 131 | 136 | 142 | 147 | 153 | 158 | 164 | 169 | 175 | 180 | 186 | 191 | |
| 5'3" (63") | 107 | 113 | 118 | 124 | 130 | 135 | 141 | 146 | 152 | 158 | 163 | 169 | 175 | 180 | 186 | 191 | 197 | |
| 5'4" (64") | 110 | 116 | 122 | 128 | 134 | 140 | 145 | 151 | 157 | 163 | 169 | 174 | 180 | 186 | 192 | 197 | 204 | |
| 5'5" (65") | 114 | 120 | 126 | 132 | 138 | 144 | 150 | 156 | 162 | 168 | 174 | 180 | 186 | 192 | 198 | 204 | 210 | |
| 5'6" (66") | 118 | 124 | 130 | 136 | 142 | 148 | 155 | 161 | 167 | 173 | 179 | 186 | 192 | 198 | 204 | 210 | 216 | |
| 5'7" (67") | 121 | 127 | 134 | 140 | 146 | 153 | 159 | 166 | 172 | 178 | 185 | 191 | 198 | 204 | 211 | 217 | 223 | |
| 5'8" (68") | 125 | 131 | 138 | 144 | 151 | 158 | 164 | 171 | 177 | 184 | 190 | 197 | 203 | 210 | 216 | 223 | 230 | |
| 5'9" (69") | 128 | 135 | 142 | 149 | 155 | 162 | 169 | 176 | 182 | 189 | 196 | 203 | 209 | 216 | 223 | 230 | 236 | |
| 5'10" (70") | 132 | 139 | 146 | 153 | 160 | 167 | 174 | 181 | 188 | 195 | 202 | 209 | 216 | 222 | 229 | 236 | 243 | |
| 5'11" (71") | 136 | 143 | 150 | 157 | 165 | 172 | 179 | 186 | 193 | 200 | 208 | 215 | 222 | 229 | 236 | 243 | 250 | |
| 6' (72") | 140 | 147 | 154 | 162 | 169 | 177 | 184 | 191 | 199 | 206 | 213 | 221 | 228 | 235 | 242 | 250 | 258 | |
| 6'1" (73") | 144 | 151 | 159 | 166 | 174 | 182 | 189 | 197 | 204 | 212 | 219 | 227 | 235 | 242 | 250 | 257 | 265 | |
| 6'2" (74") | 148 | 155 | 163 | 171 | 179 | 186 | 194 | 202 | 210 | 218 | 225 | 233 | 241 | 249 | 256 | 264 | 272 | |
| 6'3" (75") | 152 | 160 | 168 | 176 | 184 | 192 | 200 | 208 | 216 | 224 | 232 | 240 | 248 | 256 | 264 | 272 | 279 | |

Source: Evidence Report of Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 1998, NIH/National Heart, Lung, and Blood Institute (NHLBI)

COMMENTS ON HISTORY AND PHYSICAL FINDINGS

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M.D. / R.N. SIGNATUREDATE

I UNDERSTAND THE PURPOSE OF THIS MEDICAL SCREENING EXAMINATION IS TO DETERMINE WHETHER OR NOT I AM MEDICALLY QUALIFIED TO PERFORM THE PHYSICAL REQUIREMENTS OF THE PROPOSED / ACTUAL JOB ASSIGNMENT. I HAVE BEEN INFORMED OF THE FINDINGS OF THE EXAMINATION AND ANY RECOMMENDATIONS.

I HEREBY AUTHORIZE CORPCARE TO RELEASE TO MY EMPLOYER A COPY OF MY PHYSICAL EXAMINATION RECORDS INCLUDING DRUGS OF ABUSE TESTING FOR THE PURPOSE OF JOB PLACEMENT OR MEDICAL SURVEILLANCE MONITORING.

DATESIGNATURE OF PATIENT(PRINT) NAME OF PATIENT

CORPCARE 113 R051712