MARBLE FALLS MINOR EMERGENCY CENTER PRE-EMPLOYMENT PHYSICAL FORM

DATE OF PHYSICAL:	
NAME OF PATIENT :	PATIENT'S DATE OF BIRTH :
PATIENT'S SS# :	
POSITION APPLIED FOR:	DEPARTMENT :
HEIGHT : WEI	GHT : BP :
LAST TETANUS : PULSE :	
MEDICATIONS:	
ALLERGIES:	
MAJOR ILLNESSES:	
DATE LAST SEEN BY DOCTOR FOR MAJOR ILLNESS:	
MAJOR INJURY:	
DATE LAST SEEN BY DOCTOR FOR MAJOR INJURY:	
GENERAL APPEARANCE:	
EYES: VISION : UNCORRE	CTED: CORRECTED:
RIGHT 20/	RIGHT 20/
FAR LEFT 20/	NEAR LEFT 20/
BOTH 20	/ BOTH 20/
EARS : HEARIN	G:
MOUTH/THROAT:SK	IN:
CARDIOVASCULAR:	
LUNGS:	
ABDOMEN:	
GENITOURINARY:	HERNIA: YES :NO:
MUSCULOSKELETAL:	
SPINE:	
EXTREMITIES:	
NEUROLOGIC:	
REFLEXES:	
MENTAL STATUS:	
OTHER TESTS:	
GENERAL IMPRESSION/ REMARKS:	

PHYSICIAN'S SIGNATURE:_