|  |  |
| --- | --- |
| [Company Name] |  |

## Employee Physical Examination Form

### Employee Information

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: | [Employee Name] | DOB: | [Department] |
| Employee ID: | [Department] | Date: | [date | time] |
| Age: | [age] | Department: | [Department] |

### Measurements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Height [height] |  | Weight [weight] |  | Blood Pressure [BP] |
|  | Pulse [pulse] |  | LMP [LMP] |  | Other |
| HEALTH MAINTENANCE [WS -> Will Schedule] | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Immunizations |  | Lab |  | OTHER |  | | **Td** | [date] |  WS | **CBC** | [date] |  WS | **Pap** | [date] |  WS | | **Flu** | [date] |  WS | **Chem** | [date] |  WS | **GC/CT** | [date] |  WS | | **Pneumovax** | [date] |  WS | **TSH** | [date] |  WS | **Mammogram** | [date] |  WS | | **Hep.B** | [date] |  WS | **PSA** | [date] |  WS | **Bone density** | [date] |  WS | | **Hep.C** | [date] |  WS | **Lipid profile** | [date] |  WS | **Flex. sig.** | [date] |  WS | | **Varicella** | [date] |  WS | **U/A** | [date] |  WS | **Treadmill** | [date] |  WS | | **[Other]** | [date] |  WS | **Hemoccults** | [date] |  WS | **Ophthalmology** | [date] |  WS | | **[Other]** | [date] |  WS | **[Other]** | [date] |  WS | **[Other]** | [date] |  WS | | | | | | |
|  | | | | | |
| ALLERGIES [Comments] PROBLEM ADRESSES [Comments] MEDICATIONS [Comments] RISK FACTOR REVIEWED  |  |  |  |  | | --- | --- | --- | --- | | Diet | Exercise | Safety (seat belts, smoke detectors, firearms, violence) | Smoking | | Alcohol & other drugs | STDs/Contraception | Advanced directive | Other |  DISEASE PREVENTION & RECOMMENDATION  |  |  | | --- | --- | | Stroke and coronary disease (BP, cholesterol, weight, stress, aspirin - 81 mg./day) | Viruses and colds (wash hands, vitamin C – 500-1000 mg., Echinacea, fluids, zinc) | | Osteoporosis (exercise, calcium - 1500 mg., vitamin D - 400 units, estrogen) | Other | | | | | | |
|  | | | | |  |
| Employee Signature | | | | | Date |
|  | | | | |  |
| Manager Signature | | | | | Date |