BIG HEART HOME CARE

1302 KINGS HWY, 3RD FLOOR, BROOKLYN, NY 11229 EMPLOYEE PHYSICAL EXAMINATION REPORT

Tel: 347.542.4150 Fax: 347 5424152

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | DOB: | Gender: M\_\_ F\_\_ |
| Address: |  |  | Last 4-digit SS #: | Title: |
| **PHYSICAL EXAMINATION** |
|  | NORMAL | ABNORAMAL |  | NORMAL  | ABNORAMAL |
| HEAD/ENT |  |  | ABDOMEN |  |  |
| EYES |  |  | EXTRIMITIES |  |  |
| NECK |  |  | CARDIOVASCULAR |  |  |
| THROAT |  |  | MUSCULOSKELETAL |  |  |
| LUNGS |  |  | SKIN |  |  |
| HEART |  |  | CENTRAL NERVOUS SYSTEM |  |  |
|  HT |  WT | B/P: | PULSE: | RESP: | TEMP: |
| TUBERCULOSIS SKIN TESTING (PPD SKIN TESTING)**\*\*\*(If the PPD result is negative, administer PPD #2) \*\*\*****THE TWO-STEP PPD OR QUANTIFERON TB BLOOD TESTING METHOD IS REQUIRED FOR PRE-EMPLOYMENT** |
| PPD step 1 | 1. DATE IMPLANTED: | 1. DATE READ: | Results (mm induration) | [ ] Positive [ ] Negative |
| PPD step 2 | 2. DATE IMPLANTED: | 2. DATE READ: | Results (mm induration) | [ ] Positive [ ] Negative |
| Quantiferon TB Blood Test | DATE: | RESULTS: [ ] Positive [ ] Negative |
| Chest x-Ray (For + PPD only) | DATE: | RESULTS: [ ] Positive [ ] Negative |
| TB SCREENING QUESTIONAIRE (Annually for + PPD only) | DATE: |
| URINE DRUG SCREENING**\*\*\* (Attacha Laboratory Report) \*\*\***A 8-PANEL DRUG SCREEN IS REQUIRED ANNUALLY |
| 8 PANEL DRUG SCREENING | DATE: |
| SEASONAL INLUENZA VACCINE**\*\*\*(lf exempt, provide proof)\*\*\***A SEASONAL INFLUENZA VACCINATION REQUIRED ANNUALLY |
| INFLUENZA VACCINE | DATE: |
| IMMUNIZATIONS(REQUIRED FOR PRE-EMPLOYMENT ONLY)**\*\*\*(Please attach Laboratory Report)\*\*\*** |
| MUMPS | DATE IMPLANTED | [ ] NON-IMMUNE [ ] IMMUNE LAB VALUE: |
| MEASLES (RUBEOLA) | DATE IMPLANTED: | [ ] NON-IMMUNE [ ] IMMUNE LAB VALUE: |
| RUBELLA | DATE IMPLANTED: | [ ] NON-IMMUNE [ ] IMMUNE LAB VALUE: |
| VARICELLA | DATE IMPLANTED: | [ ] NON-IMMUNE [ ] IMMUNE LAB VALUE: |
| [ ] This individual is free from a health impairment which is of potential or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other substances that may alter his/her behavior.[ ]This individual is able to work with the following; imitations:[ ]This individual is not physically/mentally able to work (specify)Physician's Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licence #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |