

PHYSICAL EXAMINATION
(TO BE COMPLETED BY A LICENSED PHYSICIAN)

TUBERCULIN PPD
(MANTOUX TEST). DATE _____ RESULT _____

O.S. _____ CORR. _____ CHEST XRAY: DATE: _____ RESULT _____
Month Year

B.P. _____ / _____ mmHg. PULSE _____ /min.

Hgb. _____ Gm.%

NORMAL	ABNORMAL	REMARKS – DESCRIBE ABNORMALITIES ONLY
		HEAD & NECK
		NOSE AND SINUESE
		MOUTH AND THROAT
		GUMS AND TEETH
		EYES
		EARS, HEARNG
		CHEST, BREASTS, LUNGS
		HEART
		VASCULAR SYSTEM
		ABDOMEN AND VISCERA
		HERNIA
		ANUS AND RECTUM
		SPINE AND MUSCULOSKELETAL
		GENITO-URNARY SYSTEM
		SPINE AND MUSCULOSKELETAL
		SKIN-IDENTIFYING MARKS, SCARS, TATTOOS
		NEUROLOGIC
		PSYCHIATRIC

IS THERE ANY EMOTIONAL, MENTAL OR PHYSICAL CONDITION FOR WHICH THIS STUDENT IS UNDER MEDICAL OBSERVATION AND/OR TAKING MEDICATION: YES NO
SPECIFY:

PHYSICIAN'S NAME (PRINT) _____

SIGNATURE _____

ADDRESS _____

DATE OF EXAMINATION: _____

ATTENTION: NURSING STUDENTS, SURGICAL TECH, EMS, PARAMEDIC, PSG
Pursuant to section 405.3 (b) of the New York State Hospital Codes, the following Statements of Physical Examination is required:

I have examined _____ on _____

Based on my physical examination and the patient's medical history, I believe that the above-referenced is free from a health impairment which is of potential risk to patients or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior.

Physician's signature License number

(PHYSICIAN'S STAMP)