

ADDITIONAL TEST(S) REQUESTED
Urinalysis
Pulmonary Function
Tuberculin Skin Test (TST)
EKG/Resting
EKG/Stress
Hemoglobin/Hematocrit
Chest X-Ray
Back X-Ray
Other Tests

STATE OF GEORGIA

MEDICAL AND PHYSICAL EXAMINATION PROGRAM

Medical Findings

NOTE TO EXAMINING PHYSICIAN

The person you are about to examine is being evaluated for the position described in job materials provided. In conducting your exam and reporting your findings and conclusions, take the job duty data into consideration.

ALL FIELDS IN THIS FORM MUST BE FILLED IN OR THE REVIEWING PHYSICIAN WILL RETURN THE FORM TO YOU.

1. Examinee's Name	2. SSN	3. Height (Feet, Inches)	4. Weight (pounds)												
5. Vision Evaluation															
Depth Perception Within Normal Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Peripheral Vision Right Eye _____ Left Eye _____														
Distant Vision		Near Vision													
a. Without Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____	b. Without Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____														
c. With Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____	d. With Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____														
e. Is color vision normal when Ishihara or other color plate test is used? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. If the answer is "No", can applicant pass lantern or other compatible? <input type="checkbox"/> Yes <input type="checkbox"/> No														
6. Hearing Evaluation															
a. OTOSCOPIC EXAMINATION:		Right Ear _____	Left Ear _____												
b. PURE TONE AIR CONDUCTION TEST RESULTS: (This section is to be used for all pre employment air conduction hearing testing.)															
Right Ear								Left Ear							
250	500	1000	2000	3000	4000	6000	8000	250	500	1000	2000	3000	4000	6000	8000
c. SOUND FIELD PURE TONE/WARBLE TONE TEST RESULTS: (This section is to be used in conjunction with the pure tone air conduction testing section for all individuals with hearing aids who do not meet the guidelines on the air conduction test.)															
	250	500	1000	2000	3000	4000	6000	8000							
Sound Field Test															
If individual meets the stated hearing guideline, no further hearing testing is necessary for the purpose of employment. However, if any single air conduction threshold is obtained outside the normal, 0-24dB range, the results of the test must be explained to the candidate and the recommendation made to obtain a complete audiological evaluation at the individual's expense.															
d. AUDIOMETER SERIAL #:		e. DATE OF CALIBRATION:													
f. MEETS HEARING GUIDELINES: <input type="checkbox"/> Yes <input type="checkbox"/> No															

RESTRICTED / MEDICAL

7. Blood Pressure/Pulse		
a. Systolic/diastolic	b. Two additional Readings if elevated	c. Pulse

8. Physical Examination			
Clinical Evaluation	Normal	Abnormal	Remarks
a. Head, face, neck, and scalp			
b. Nose			
c. Mouth and Throat			
d. Ears			
e. Eyes			
f. Ophthalmoscopic			
g. Ocular motility			
h. Lungs and Chest (Breast, if indicated)			
I Heart			
j. Vascular system (Varicosities, etc.)			
k. Abdomen			
l. Anus and rectum (If indicated)			
m. Endocrine system			
n. Hernia (Any type)			
o. Upper extremities			
p. Feet			
q. Lower extremities			
r. Spine			
s. Identifying body marks, scars			
t. Skin, lymphatics			
u. Neurological			
v. Mental status			

9. Allergies

1.	3.
2.	4.

10. Surgery

Type of Surgery	Date (Mo/Yr)
1.	
2.	
3.	
4.	

11. Comments/Implications for Fitness for Duty

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12. Physician Signature and Address

a. Physician's Name (Type or Print)	b. Physician Telephone	c. Address
d. Signature	e. Date	

13. Employer Name and Address

IMPORTANT: Examining Physician -- Return all materials supplied by the prospective employee to the employer address provided.	Return to:
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