STRAIGHT & NARROW, INC

EMPLOYEE PHYSICAL EXAMINATION SHEET

(***This sheet must be returned to Human Resources within 30 days***)

_____ _____

Employee Name **Department**

_____ _____

Date of Hire **Age**

Physical Examination Results

(This form is considered complete only after the Physician signs on the bottom)

Wt.: _____ HT: _____ BP: _____ P: _____ R: _____

Skin: _____ Scalp: _____ Eyes: _____ Ears: _____ Nose: _____

Throat: _____ Neck: _____ Glands:_____ Lungs:_____ Heart:_____

ABD: _____ Genit:_____ Rectal: _____ Ext:_____ Other:_____

Miscellaneous Indications:

_____

_____

_____

Recommendations, if any:

_____

_____

_____

Blood Work (Tests and Results)

RUBEOLA: _____ _____

Test Date **Test Results**

RUBELLA: _____ _____

Titre Date **Test Results**

_____

Name of Physician **Signature of Physician** **Date**