PREEMPLOYMENT PHYSICAL EXAMINATION

Name: ___________________________________

Date: ___________________

Are you allergic to natural rubber latex? YES/NO

Titers
Varicella: Date _______________ Results _______________
Mumps: Date _______________ Results _______________
Rubella: Date _______________ Results _______________
Rubeola: Date _______________ Results _______________
Hepatitis B: Date _______________ Results _______________
Copies of lab results must be submitted!

Immunizations
Varicella #1: Date _______________
Varicella #2: Date _______________
Mumps #1: Date _______________
Mumps #2: Date _______________
Rubella #1: Date _______________
Rubella #2: Date _______________
Rubeola #1: Date _______________
Rubeola #2: Date _______________
Hepatitis B Vaccine #1: Date _______________
Hepatitis B Vaccine #2: Date _______________
Hepatitis B Vaccine #3: Date _______________

TB Screening
TB Skin Test: Date placed ________Time _______ Date read ________ Time______ Results ______ MM
QuantiFERON TB Gold Test: Date drawn: _________________ Results ____________
Chest x-ray: Date given _____________ Results _______________
TB Fit Test: Mask Size ______________
General Comments:
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The above-named individual has been examined by me and is free from symptoms indicating the presence of an infectious disease and does not have any condition, which would interfere with the performance of his/her duties as a health care professional.

_____________________________ ______________________________ _________
Primary Care Provider's Name Primary Care Provider's Signature Date

Address: ____
Telephone Number: ____
Physician ID #: _____________________________
Revised 8/7/18