Registry Network
Incorporated

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; handwritten results are not accepted!

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 _____
Copies of immunization records must be submitted; dates alone are not accepted!

TB Screening
TB Skin Test: Date placed _____Time _____ Date read _____ Time_____ Results _____ MM
or
QuantiFERON TB Gold Test: Date drawn: _____ Results _____
Copies of lab results must be submitted; handwritten results are not accepted!
Or if PPD Skin Test is Positive then
Chest x-ray: Date given _____ Results _____
Copies of lab results must be submitted; handwritten results are not accepted!
and
TB Fit Test: Mask Size _____ Type_____

General Comments:
_____

_____

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 Physician ID # Date
Address: _____
Telephone Number: _____

Form Updated 9-11-25