I & Y SENIOR CARE, INC. EMPLOYEE PHYSICAL EXAMINATION REPORT

1991 FLATBUSH AVE, 2ND FLOOR BROOKLYN, NY 11234 PH: (718)253-0077 FAX: (347)462-9221

__Pre-Employment Physical Assessment __Annual Assessment __Return to work / LOA __Other:

Name:	SS#:	Sex: __M __F
Address:		Title:

PHYSICAL EXAMINATION

HEAD/ENT:	
EYES:	
NECK:	
BREAST:	
LUNGS:	
CARDIOVASCULAR:	
MUSCULOSKELETAL:	
ABOOMEN:	
GENITOURINARY:	
CENTRAL NERVOUS SYSTEM:	
COMMENTS:	

HT:	**WT:**	**B/P:**	**PULSE:**	**RESP:**	**TEMP:**

LABORATORY TEST RESULTS

TEST	**DATE PERFORMED**	**RESULTS**	
RUBELLA TITER (*Attach Lab Report)		__Non-immune __Immune LAB VALUE:	
MEASLES TITER (*Attach Lab Report)		__Non-immune __Immune LAB VALUE:	
PPD(ANNUALLY) 1 step or QUANTIFERON	1. Date implanted:	1. Date read:	Results(mmxmm):
	Lot #	Exp date:	Neg (-) Pos (+)
CHEST X-RAY (if+PPD) *Report	Date:	Results:	
URINE DRUG SCREEN (*Attach Lab Report)	Date:	Results:	

IMMUNIZATIONS:	**DATE**	**DATE**	**DATE**
RUBELLA (*Attach Lab Report)	1.		
RUBEOLA/MEASLES (*Attach Lab Report)	1.	2.	
HEPATITIS B VACCINE	1.	2.	3.
INFLUENZA:			

__This individual is free from any health impairment that is a potential risk to the patient or other employee or which may interfere with the performance of his/her duties including the habituation or addiction to drugs or alcohol.

__This individual is able to work with the following limitations:

__This individual is not physically/mentally able to work (specify reason):

Office Stamp

PHYSICIAN SIGNATURE: LIC. NO. DATE:

***Copies of the lab reports must be attached to the physical form**