

Knowlton Township School
EMPLOYMENT PHYSICAL
(For Faculty)

Teacher____Aide____Clerical____Custodian____Food Service____Bus Driver____Other____

NAME: _____ BIRTH DATE: _____ AGE: _____

HOME ADDRESS: _____

HOME PHONE: _____ EXAM DATE: _____

Temperature: _____ Pulse: _____ Resp.: _____ B/P: Right _____ Left _____ Height: _____ Weight: _____

Vision: Distance: c/s _____ Near: c/s _____ Audio: Right ear _____ Left ear _____

PHYSICAL EXAM:

System: Findings/Comments:

Skin/Hair/Nails: _____

EENT: _____

Nodes: Cervical: _____ Axillae: _____

Respiratory: _____

Cardiac: _____

Abdomen: _____

Musculoskeletal: _____

Extremities: Joints _____ Varices _____ Edema _____ Arthritis _____ Scoliosis _____ Gait _____

Neurological: _____

Reflexes: Biceps: Triceps: Patellar: Achilles: Babinski:

R

L

Refer for Medical Attention: _____

Is this candidate fit for the duties of the employment category checked above? Yes _____ No _____

Explain: _____

Mantoux Test: _____ Pos. _____ Neg. _____ Date Read: _____

Physician Signature: _____ Date of Exam: _____