



Advanced Living Options – ‘providing something special’

1120 Henderson Ave
Washington, PA 15301
724-884-5190

Staff Physical Examination

Purpose of examination Initial Employment Re-examination

Name: _____ Date of Exam: _____

Job Title: _____

THIS SECTION TO BE COMPLETED BY EXAMINING HEALTH PROFESSIONAL

The above individual is:

- A. Medically qualified to perform job duties
- B. Medically qualified to perform job duties with the following restrictions

- C. Not medically qualified to perform job duties
- D. on medical hold

Does the individual have any medical problems? Y N
If yes please list and explain

Does the individual have any other medical problem or chronic disease which requires restriction of activity, medication or which might affect his/her job duties? Y N

Does this individual have any special medical problems which might interfere with the health of the consumers or which might prohibit the individual from providing adequate care for the consumer? If Yes, Please explain: Y N

The above individual has been informed of any physical examination findings and my recommendations

__ Y __ N

Comments: _____

The employee appears to be free from communicable diseases to the extent that a determination can be made through current history and/or physical examination

_____ Yes _____ NO

MANTOUX TUBERCULIN TEST

MANTOUX administered by _____

Name Title Date

(Physician, Registered Nurse, Licensed Practical Nurse, Certified Physician's Assistant, Certified Nurse Practitioner only)

MANTOUX read by _____

Name Title Date

(Physician, Registered Nurse, Licensed Practical Nurse, Certified Physician's Assistant, Certified Nurse Practitioner only)

NEGATIVE: _____ POSITIVE: _____

IF POSITIVE, DATE OF CHEST X-RAY: _____ (ATTACH X-RAY REPORT)

CHEST X-RAY NEGATIVE: _____ POSITIVE: _____

Signed _____ **Title/Licensed Health Care Professional**

Print Name/Title _____

Address _____

Phone _____