BERLIN BOROUGH SCHOOL DISTRICT

Employee Health History: to be completed by employee

Full Name: _____ DOB: _____

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Person to be notified in case of emergency:

Name: _____ Phone: _____

Address: _____

Health History:

Accidents (serious): _____ Date: _____

Allergies (pollen/drugs): _____ Asthma: _____

Blood Type: _____ Unknown: _____ Diabetes: _____

Convulsive Disorder: _____

Earaches: _____ Eye Problem: _____ Fainting Spells: _____

Frequent Colds: _____ Cramps: _____ Headaches: _____

High Blood Pressure: _____ Heart Condition: _____

Kidney Disease: _____ Hernia: _____

Dates of Immunizations: Measles _____ Rubella _____ Tetanus _____

Please list any other health problems you may have: _____

_____

_____

List medications presently prescribed: _____

_____

_____ _____

Signature Date

Employee Health History: to be completed by examining physician:

Patient Name: _____ Position Applied for:_____

Examination:

Blood Pressure: _____ Is this normal for individual? _____

Heart: _____ Is this normal for individual? _____

Lungs: _____ Is this normal for individual? _____

Eyes: Right_____ Left_____ Abdomen: _____

Ears (Otoscopic): _____ Hernia: _____

Lymph Nodes: _____ Orthopedic: _____

Thyroid: _____ Posture: _____

Nose: _____ Feet: _____

Mouth: _____ Skin (noncomm.):_____

Nervous Disorder: _____ Reflexes: _____

Deformities: _____ Allergies: _____

Height: _____ Weight: _____

General Health (check one): Good ( ) Fair ( ) Poor ( )

Tests: Urinalysis (if indicated): _____

Hemoglobin (if indicated): _____

Remarks and recommendations: _____

_____

Mantoux (PPD)

Date Administered:_____ Date Read:_____ Result:_____

_____ _____

Signature of Examining Physician Date