

**MEDICAL EXAMINATION FOR EMPLOYEES
EAST BUCHANAN COMMUNITY SCHOOL DISTRICT**

All employees are required to have a physical examination every three years. New employees upon entering the system must have their examination on file with the superintendent prior to the date employment begins.

Name of Person Examined _____

Address _____ **Birth Date** _____

Position _____ **Age** _____

History: Are you now in good health? _____ If not, explain on reverse side.

Have you every suffered from any ailment or disease? _____

1. Brain or Nervous System? _____
2. Hernia? _____
3. Kidney or Urine? _____
4. Heart or Blood Pressure? _____

Signature of Employee _____

The physician making this examination is requested to give all the data called for in this report.

Weight _____ Height _____ Blood Pressure _____

Hearing: Percentage Loss (Left) _____ Percentage Loss (Right) _____

Eyes: Vision with/without Glasses - Right _____ Left _____ Adequate? _____
(circle one)

Teeth: General Condition _____ Likely to impair health? _____

Heart Character _____ Size _____

Regular _____ Pulse Rate _____ Murmur _____

Lungs: _____

Physical Defect or Deformity _____

Urinalysis: Specific Gr. _____ Albumen _____ Sugar _____

Nervous Stability _____ TB Skin Test or Chest X-Ray _____

Remarks: _____

I certify that I have carefully examined _____, and that the results of the examination as stated above are correctly given. In my judgment they indicate that the applicant (is) (is not) qualified in health for the position.

Date _____ Examining Physician _____