

HALO NETWORK, INC
CENTER FOR EDUCATION AND ADVOCACY FOR INDEPENDENT LIVING
PRE-EMPLOYMENT PHYSICAL EXAMINATION

DATE: _____

NAME: _____ D.O.B _____

ADDRESS: _____

MEDICAL HISTORY _____

WORK RESTRICTIONS: _____

PHYSICAL FINDINGS: HEIGHT _____ WEIGHT _____ VISION _____
BLOOD PRESSURE _____ PULSE _____ RESP _____

LABORATORY FINDINGS:

RUBEOLA Immunization (If birthdate after 1957) _____

RUBELLA ANTIBODY TITER (HI TITER) DATE: _____ RESULTS _____

RUBELLA IMMUNIZATION DATE: _____

THOSE WITH LESS THAN PROTECTIVE LEVEL OF RUBELLA ANTIBODY SHOULD BE IMMUNIZED.

PREGNANT WOMEN SHOULD NOT RECEIVE RUBELLA VACCINE. WOMAN SHOULD NOT BECOME PREGNANT FOR TWENTY EIGHT (28) DAYS FOLLOWING RUBELLA IMMUNIZATION.

PPD SKIN TEST (TUBERCULOSIS TEST)

CURRENT PPD (MANTOUX) TEST: DATE _____ RESULTS _____

PRIOR PPD (MANTOUX) TEXT: DATE _____ RESULTS _____

CHEST X-RAY FOR THOSE WITH POSITIVE PPD* DATE _____ RESULTS _____

SIGNATURE OF PHYSICIAN
STAMP OF PHYSICIAN

DATE OF EXAMINATION