

HUMANE HOME CARE AGENCY
3235 KENSINGTON AVENUE, Philadelphia PA 19134
Office: 215-203-1955 Fax: 215-203-1966

Employment Physical Exam/Medical History

Name: _____ **SSN:** _____

Employee Position Applied For: _____

Phone Number: _____ **Birth Date:** _____

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As a condition for employment with Humane Home Care Agency you must successfully complete a physical examination to determine that you are in good health, free of communicable diseases and tuberculosis. In addition, your physical must provide the results of your TB skin test or chest x-ray, as well as the date on which it is performed, and read, within the last 90 days.

TO BE COMPLETED BY PENNSYLVANIA LICENSED PHYSICIAN OR NURSE PRACTITIONER

Date of Examination: _____ **General Appearance:** _____

Height: _____ **Weight:** _____ **Allergies:** _____ **Temperature:** _____

Pulse: _____ **Respiration:** _____ **B/P:** _____ **Mantoux/PPD Test:** _____ **Date Done:** _____

Date Read: _____ **Result:** _____

2Step PPD: Montoux/PPD Test: _____ **Date Done** _____ **Date Read:** _____ **Result:** _____

NORMAL				
SYSTEM	NO	YES	IF ABNORMAL, COMMENTS:	
SKIN				
EYES				
EARS				
NOSE				
THROAT/DENTAL				
CARDIOVASCULAR				
RESPIRATORY				
GASTRO-INTESTINAL				
GENITO-URINARY				

NEUROLOGICAL				
MUSCULOSKELTAL				
OTHER				

If positive, chest x-ray: Date done: _____ Result: _____ Date TP Prophylaxis initiated: _____

Allergies: _____

Current Medication: _____

Immunizations:

Mantoux/PPD: _____ MMR: _____ Chicken Pox: _____ Hep B: _____

Rabies: _____ Other: _____

Summary of Findings: _____

I hereby certify that I have examined the above applicant, they are free from all communicable disease and that the above is a complete and accurate record of my examination. I hereby state that this employee is in good physical and mental health which is required to perform the essential functions of the position of which he or she is applying:

License Number: _____

Print Name: _____

Signature: _____

Address: _____

Telephone: _____