US Medical Staffing, Inc.
Specializing in Mental and Behavioral Health Support

SCHOOL PRO STAFFING

Physical Examination Form

(To be filled out by Physician)

Name:__________________________________

Physical examination:

Date of Examination: ________________

Height: _____________ Weight:_____________ Blood Pressure: _____________
Skin: _____________ Vision: _____________ Hearing: _____________
Abdomen: ___________ Heart: _____________ Lungs: _____________

Past History (significant illnesses/hospitalizations):

____
____
____

Recent immunizations (within the past 10 years):

____

Tuberculin Examination:

Results of TB test (Mantoux Method required): Positive ______ Negative _____

Date Tuberculin test placed: __________ Initials: _________

Date Tuberculin test read: ____________ Initials: _________

If positive skin test, result of chest x-ray:

Positive: ______ Negative: ______ Asymptomatic history: ______ Date of x-ray: ____________

I certify that upon Physical Examination and results of Tuberculin Examination he/she was found to be clinically free from Evidence of Communicable/Infectious diseases as of (Date): ___________________________________

____
Physician's name (print)

____
Physician's License number

____
Physician's signature

____
Physician's telephone number

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