

Pre-Employment Physical Form

Personal Data

Name (Last, First, MI): <u>Maria Silva Rodriguez</u>		SSN:
Date of Birth: <u>06/30/1968</u>	Age: <u>53</u>	Ethnicity:
Phone Numbers: Home ()	Mobile ()	Work ()
Address: (street) (city) (state) (zip)		
Job Title & Department: <u>HHA</u>		

Current Medical Provider

Name of doctor: <u>Yanelis Trujillo</u>	Phone Number: <u>305 2662929</u>
Address: <u>10980 NW 184th Ave, FL 33157</u>	(state) (zip)

Vaccination History/Communicable Diseases

	Yes	No	Unsure
Have you had:			
The standard series of childhood vaccinations (to the best of your knowledge)?			<input checked="" type="checkbox"/>
The disease "chicken pox" or the chicken pox vaccine (varicella)?			<input checked="" type="checkbox"/>
A tetanus/diphtheria booster shot within the last 10 years?			<input checked="" type="checkbox"/>
Hepatitis B vaccination (this is a series of three injections spaced several months apart)?		<input checked="" type="checkbox"/>	
The disease "Tuberculosis"?			
A positive tuberculosis test (also called a PPD or Tine test)?			
Type of TB test	<u>Quantiferon TB Gold - Negative</u>		
Date given	<u>2/11/22</u>		
Results	<u>-</u>		
Vaccination against tuberculosis with BCG (this is uncommon in the United States)?			

Physical Examination

Height	Weight	BMI	Blood Pressure	Pulse	Respirations	Temperature
<u>114 lbs</u>	<u>4.11</u>	<u>23.2</u>	<u>126/80</u>	<u>78</u>	<u>18</u>	<u>97.2</u>

Vision: Glass -- Yes or No

Neck:

Chest/Lungs:

Heart:

Musculoskeletal:

Skin:

I, Yanelis Trujillo, APRN, have examined the above person and certify that he/she is free from communicable diseases and is in satisfactory condition to work for CIS & H Inc.

Practitioner signature: [Signature]

Yanelis Trujillo
APRN, JNP
NPI: 1205380896

Date: 3/17/22

PMH: meningioma surgery 2021 on Tx w/ anticonvulsant.