Name:
DOB:
Date of Exam:



PRE-PLACEMENT EXAMINATION

Height:	F	ft	ln.	Weight ₋		_lbs.	BP	/	T_		P	R		
HEALTH HISTORY														
Yes No							Yes No				Disease sease	e Latex Sensetivity Form)		
, 00 10 0,	0. 1.10	20010, p.o	acc oxp											
Employee Signature								Date	e					
<u>P</u> General App		AL EXAMI		_										
Skin: Mental Status: Eyes: Color Vision: Ears: Oral Cavity: Thyroid: Thorax: Lungs: Abdomen: Spine Curvature: Extremities: Upper Lower							Head: Hygiene: Vision (Gross/Corrected) Near: R/ L/ Far: R/ L/ Hearing (Whispered Voice): R L Lymph Nodes: Heart: Scars: Hernia: Spine Mobility: Reflexes:							
	Cianifica													
Summary of S	oigiillica	in Findings	•											
Full Clearan	ice 🗆		Clea	rance Hold			Cond	ditional C	Clearance			Rejection	 1 🗆	
Provider Signature/Title							Date							

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