

## Occupational + Environmental Medicine

## COMPREHENSIVE HISTORY/PHYSICAL EXAM FORM

PERSONAL DATA				DATE:		
Name:				Date of Birth:Se	ex: M	
Address:	City:			State:Zip:Home phone: _		
				Position applied for:		
Employed previously by this Co.	Yes No If Yes, indicate	ate wl	nen			
Whom do we notify in case of an	emergency? (Name/Relatio	nship	)	Phone #:		
				City/State:		
Information requested herein wi	II not be used in any manne	r cont	rary t	o any law, rule or regulation and is obtained only fo	r medica	ıl
examination to ensure safe job p	lacement in consideration o	of spec	ific jo	bb demands and exposures.		
A. MEDICAL HISTORY Have you ev	er had or have any of the follow	ving illı	nesses	s? (Yes or No)		
		Yes	No		Yes	No
Chest Pain / Pressure				Swollen Legs		
Heart Disease				Diabetes		
High Blood Pressure				Thyroid Problems		
Stroke				Arthritis / Rheumatism		
Lung Disease/Asthma/Tuberculosi	s			Glaucoma / Cataracts		
Chronic Cough				Hearing Problems/ Perforated Ear Drums		
Dizziness / Fainting				Skin Problems		
Backache / Pain				Liver Disease		
Epilepsy (seizures)				Cancer		
Kidney Problems/Blood in Urine				Allergies		
Frequent Headache				Anemia		
Hernia				Stomach or Bowel Problems including Ulcers		
Please explain above Yes response	es:					
Have you ever been treated for?		Yes	No	Explain for all Yes responses:		
Drug Addiction or Alcoho	olism					
Depression						
Have you ever smoked?						
Do you drink alcoholic beverages?						
Have you ever had or been advised	d to have surgery?					
Are you allergic to any medication	?					
Are you taking any medications pr	esently?					
Have you had a recent medical exa	amination?					
B. INJURIES						
Have you ever experienced:		Yes	No		Yes	No
Bone Fracture				Upper Extremities (Shoulder/Arm/Wrist/Hand) Injuries		
Back Injuries				Lower Extremities (Leg/Knee/Foot) Injuries		
Head Injuries				Lost Consciousness		
Neck Injuries				Car Accident with Injury		
Comments:						



## Occupational + Environmental Medicine

\_Time:\_\_\_\_\_

C. OCCUPATIONAL PROFILE  Sack History:    Pes	PATIENT N	NAME:														DOB:				
	C. OCCUP	ATION	AL PR	OFILE																
Lost time from work/school	Back History:						Y	es/	ſ	No	Ex	plain:								
Visit to the doctor Visit to the chiropractor or physical therapy    Visit to the chiropractor or physical therapy   Splawe you ever had:   Back x-rays, CT Scan or MRI   Have you ever been or are you now exposed to any of the following? Have you ever been treated for any of the following?   Exposed								L.												
Visit to the chiropractor or physical therapy	Lost time from work/school								<u></u>	<u> </u>										
Back xrays , CT Scan or MRI							1	<u>Ц</u>	Ļ	4										
Have you ever been or are you now exposed to any of the following? Have you ever been treated for any of the following?   Exposed   Treated   Yes   No   Yes			-	or or ph	ysica	l therapy				+	Ш	<u>L</u>								
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Exposed   Treated   Exposed   Treated   Exposed   Treated   Yes   No   Yes   Ye							1		-2 1	1							<u> </u>			
Ves   No   Yes   No	Have you e					xposed to any of the fol	$\overline{}$		_					bee	en treated i	for any of the following:		ad	Troot	
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Vibration		$\dashv$	+	井ㅏ	片		╁╞	┿	+	+	늗	╬	╁	╡┤			H	+	+	H
If you answered YES to any of the questions above, please provide additional details:  Dates of Employment   Job Title   Description of work   Employer   Exposures (chemicals, blood, etc)  Have you ever received Disability or Compensation Benefits?   Yes   No If yes, indicate where and when:  Have you ever lost time at work due to an injury or illness?   Yes   No If yes, explain:  Have you ever been advised to change jobs or work assignments because of any health problems or injuries?   Yes   No If yes, explain:    Job Title   Description of work   Exposures (chemicals, blood, etc)    Job Title   Description of work   Exposures (chemicals, blood, etc)    Job Title   Description of work   Exposures (chemicals, blood, etc)    Job Title   Description of work   Exposures (chemicals, blood, etc)    Job Title   Description of work   Exposures (chemicals, blood, etc)    Job Title   Description of work   Exposures (chemicals, blood, etc)		H	H	片十	Ħ		╁╞	╡	╅	╡	╁┾	╅	╁	╡┤			片	H	+	╁∺
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Reviewed by: \_