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**PHYSICAL EXAMINATION FORM**

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| **PART A TO BE COMPLETED BY HR PERSONNEL** |
| **First Name** | **M.I** | **Last Name** |
| **Date of Birth** | **Title**  | **Department** |
| **HR Representative**  | **HR Representative Signature** | **Date** |

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| **PART B MEDICAL EVALUATION** |
| **Student is fit for employment: Yes No****If No, please explain:** |
| **Student is cleared for employment with following limitations:** |
| **Awaiting additional medical information to determine if Student is cleared for employment:** |

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| **PART C SEROLOGY/VACCINES** |

**Proof of vaccination or lab evidence of immunity documentation must be attached and presented along with this form BEFORE your first anticipated date of employment.**

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| **VACCINE** | **DATE**  | **Please Provide TITER/Proof of Record/Results** |
| **PPD/Chest X-ray (Done within one year)****1st Step:****2nd Step:****(2nd step needed only if the Student did not have the PPD within the last year)**  |  |  |
| **Varicella** |  |  |
| **Measels** |  |  |
| **Mumps** |  |  |
| **Rubella** |  |  |
| **HEP-B**  |  |  |
| **Drug Screen Test (Within One Month)** |  |  |
| **TDAP/TD** |  |  |
| **Flu Shot (October-February Hires)** |  |  |

**\*\*\* 2nd PPD Step can be done at Henry J.Austin Health Center**

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Examining Physician’s Signature Date

Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adrress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return the above requested information to Human Resources Department by faxing at: (609) 396-1526 or emailing at*** ***Shelby.Kuster@henryjaustin.org******. Should you have any questions, please call the HR Department at 609-278-6012 (Shelby Kuster).***