



Neighborhood Health Services Corporation

1700-58 Myrtle Avenue

Plainfield, NJ 07063

(908) 753-6401 PHONE

(908) 226-6740 FAX

NEW EMPLOYEE PHYSICAL

Employee name: _____

Date of Physical Exam: _____

Clinician name: _____

Clinician address: _____

A. Physical exam:

Pertinent history: _____

_____ Normal physical exam

_____ Abnormal exam as noted below:

Continued on reverse

B. Two step PPD testing

1. If the Employee has documented previous positive PPD or history of tuberculosis do not do PPD testing. Date of previous positive PPD or tuberculosis_____.

Pulmonary symptoms _____yes _____no _____

2. No documented history of positive PPD or tuberculosis

Date of first PPD_____ result (mm)_____.

Date of second PPD (2 weeks later if first PPD is 0 mm)_____

Result (mm)_____

For newly positive PPD, date of screening chest Xray_____ Result _____

Screening chest Xray not required for history of positive PPD if Employee is asymptomatic.

C. Immune status:

Requires laboratory documentation or proof of illness Please attach.

1. Rubella status: _____immune _____non-immune

2. Rubeola status: _____immune _____non-immune

3. Varicella status: _____immune _____non-immune

For Employees at risk for blood borne disease as defined by their position of employment, dates of full series of hepatitis vaccination: _____1st injection

_____2nd injection

_____3rd injection

Patient has not received hepatitis vaccination _____.

For Employees required to read color-based tests:

Ishihara Eye Test _____passed

_____failed

Clinician signature_____ Date_____

NHSC CMO or designee review date_____

Recommendation: _____continue employment

_____do not continue employment

Signature:_____