

Occupational Health Service Form

Name: _____ **DOB:** _____ **Date:** _____
Address: _____ **City:** _____ **SS#:** _____
State: _____ **Zip:** _____ **Phone:** _____
Dept: _____ **Position:** _____

Evaluation: To be completed by a physician:

I hereby certify that I have examined and performed a physical on _____ and have concluded that he/she appears to have the physical and mental capabilities to function in the capacity required. It appears, in addition, that he/she is free from a health impairment which is of potential risk to patients or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior.

1. Medical History and Physical Examination (within 12 months of start date)

Findings:

- Normal
- Abnormal

Comments: _____

- 2. Rubella Titer on:** _____ OR Rubella Vaccination Date: _____
 Immune #1 _____
 Non Immune
- 3. Rubeola Titer on:** _____ OR MMR
 Immune #1 _____
 Non Immune #2 _____
- 4. Varicella Zoster Titer on:** _____ OR Varicella Vaccination Dates:
 Immune #1 _____
 Non Immune #2 _____
- 5. Mumps Titer on:** _____ OR MMR Vaccination Dates:
 Immune #1 _____
 Non Immune #2 _____
- 6. Hepatitis B Surface Antibody Titer** OR Hepatitis B Vaccine Dates:
 Immune #1 _____
 Non Immune #2 _____ #3 _____
- 7. Influenza Vaccine:** Date: _____ Lot#: _____ Manufac: _____ Exp.Date: _____
Dose: _____ Reaction: _____ Site: _____
- 8. Tetanus Vaccine (every 10 years)** Date: _____
- 9. Report on TB testing (Within 12 Months of start date, measured in mm)**
 PPD Test on: _____ Negative _____ Positive _____
 Chest X-ray on: _____ Normal _____ Abnormal _____
- 10. Respirator Fit Testing:** Date: _____ Mask: _____ Size: _____
- 11. Drug Screening** Date: _____ Results: _____ **(Within 6 Months)**

Attach copy of result with Lab identification to this form if submitted.

Date: _____ Printed Name: _____ Phone# _____

License # _____ Signature of Physician: _____

