

SECTION G: PERSONNEL

GA5-E(2)

HEALTH EXAMINATION REPORT FORM FOR SCHOOL MEDICAL ADVISOR'S FILES

Individual's Name _____ Date _____

Address _____

The health examination required by the Board of Education has been made by me, or under my supervision, and the results follow:

Weight:
Under ___ Normal ___ Obese ___

Tuberculin Test:
Positive ___ Negative ___
Type of Test _____

Blood Pressure:
Normal ___ Elevated ___
Controlled With Therapy ___

Or Chest X-ray for Known TB Test
Reactor:
Positive ___ Negative ___

Hearing:
Normal ___ Mild Loss ___
Moderate to Severe Loss ___

Hemoglobin or Hematocrit:
Normal ___ Abnormal ___

Vision:
Normal ___ Poor ___
Adequately Corrected ___

___ In my opinion, this individual has no physical, emotional or mental disability and is able to perform the work assigned, is free from tuberculosis and other communicable diseases, and has no other defect which might threaten or endanger the well-being of co-workers or pupils.

___ In my opinion, this individual is physically and emotionally able at this time to perform the work assigned, but has the following disabilities or limitations. (Please indicate whether they are correctable and whether treatment is being received.)

I would recommend modification of the work program as follows:

___ On the basis of my examination, I feel this individual is not presently capable of performing the work assignment for the following reason(s):

Signed _____ M.D.

Address _____
