

HERKIMER COUNTY EMPLOYMENT PHYSICAL EXAMINATION

Herkimer County contracts with Slocum-Dickson Medical Group to provide employment physical examinations on all prospective employees at a rate of \$75.00 per exam; telephone 895-7916, Ilion clinic. If the service of another physician is used, Herkimer County will reimburse up to \$75.00 for the examination.

ATTENTION SERVICE PROVIDERS: Claims should be submitted within 90 days from the date of service to insure full payment.

Patient's Full Name		Place of Employment/Name of Department			
Sex:	Age:	Height:	Weight:		
Blood Pressure:	Pulse:	Build: Slender Medium Heavy Obese			
Color Vision/test used:	Hearing: Right		Left		
VISION: Far: Right 20/	Corrected to 20/	Far: Left 20/	Corrected to 20/		

CLINICAL EVALUATION

Check EACH item in proper column;
Enter NE if not evaluated

NOTE: Give details of each abnormality with corresponding #.

	<u>NORMAL</u>	<u>ABNORMAL</u>
1. Head, Neck, Face, Scalp		
2. Nose and Sinuses		
3. Mouth and Throat		
4. Teeth and Gingiva		
5. Ears (perf. of drum, etc.)		
6. Eyes (lids, conjunctiva, etc.)		
7. Pupils and Ocular Motion		
8. Lungs, Chest and Breasts		
9. Heart (include estimate of cardiac function)		
10. Vascular System (Varicosities, etc.)		
11. Abdomen and Viscera (include hernia)		
12. Ano-rectal (pilonidal)		
13. Endocrine System		
14. G-U System		
15. Upper Extremities (strength, range of motion)		
16. Feet		
17. Lower Extremities (as for upper)		
18. Spine, other musculo-skeletal		
19. Skin and Lymphatics		
20. Neurologic		
21. Psychiatric (specify any personality deviations noted)		

Lab Data (if indicated)*

Hgb. W.D.C. Diff. **Urinalysis:** Alb. Sug. Sed.

*Laboratory tests as required by the hiring department or at the discretion of the examining physician, upon PRIOR APPROVAL of the Herkimer County Personnel Department (867-1115).

The Certification below MUST be completed by the examining physician AND County of Herkimer voucher MUST be submitted before payment for services can be rendered.

I HEREBY CERTIFY that this is a true record of the examination for the above candidate and that I have found him/her _____ qualified _____ not qualified physically for the duties of _____.

Examining Physician's Signature _____ Title of Position _____
Date _____
Telephone Number _____ Address _____

HERKIMER COUNTY EMPLOYMENT HEALTH REPORT

To Be Completed by the Applicant.
Please print in ink or type all information.

ATTENTION YOUTH: If you have had a physical for school within the past year, please have the physician/nurse complete the reverse side of this Health Report.

Name _____ Social Security Number _____

Address _____

Primary Physician (Name) _____

Address _____

FAMILY HISTORY: (list familial diseases: Diabetes, Tuberculosis, Mental Illness, Other)

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name _____ Relationship _____

Address _____

Telephone No. _____

PERSONAL HISTORY:

Date of Birth: _____

Circle those of the following diseases or conditions the applicant has had:

- | | | |
|------------------------------------|----------------------------------|----------------------|
| Chicken pox | Chorea | Hay Fever |
| Measles - English or Red | Rheumatoid Arthritis | Hives |
| - Rubella (German) | Epilepsy | Operations |
| Mumps | Nervous Breakdown | Injuries (severe) |
| Scarlet Fever | Emotional Breakdown | _____ |
| Whooping Cough | Speech Defect | _____ |
| Diphtheria | Tuberculosis or TB contact | Days of Illness last |
| Rheumatic Fever – residual damage | Diabetes | year _____ |
| Frequent Colds | Anemia | Cause: _____ |
| Frequent Sore Throats | Malaria | Any drug or food |
| Otitis Media – residual impairment | Infectious Jaundice or Hepatitis | allergies? _____ |
| of hearing | Poliomyelitis – residual effects | _____ |
| Sinusitis | Kidney disease | Medical problems |
| Tonsillitis | Orthopedic problems | other than listed |
| Bronchitis | Chronic intestinal problems | here _____ |
| Pneumonia | Malignancy | _____ |
| Congenital or other Heart problems | Asthma | _____ |
| | Eczema | _____ |

Applicant Signature

Date