PARAMOUNT HOME HEALTH CARE AGENCY, INC
161 Kings Highway, Ste 2, Brooklyn, NY 11223
Tel: 929-333-9685 **FAX: 929 - 539 - 7862**

EMPLOYEE PHYSICAL EXAMINATION REPORT
(Please bring this form from your doctor)

__ Pre-Employment Physical __ Annual Assessment __ Return to work __Other:

Name	SS# ___ - __ - ____
Home Address:	Sex: _M _F
	DOB: __ / __ / ____

PHYSICAL EXAMINATION

HT:	WT:	BP:

Head /ENT _____	Cardiovascular _____
Eyes _____	Musculoskeletal _____
Neck _____	Abdominal _____
Breasts _____	Genitourinary _____
Lungs _____	Central Nervous System _____
Vision corrected _____	Uncorrected _____
Glasses Needed __Yes __No (check one)	

HT:	WT:	B/P:	PULSE:	RESP:	TEMP:

Medications (Prescription & OTC medications currently taken) _____
Allergies _____
Hospitalizations and Surgeries _____
Past illnesses _____

LABORATORY TEST RESULTS (please attach all LAB reports)

TEST	DATE PERFORMED	RESULTS	LAB VALUE
Rubella Titer	___ / ___ / _____		
Measles Titer	___ / ___ / _____		
PPD (annually)	1. date implanted	1. date read	Results (summary)
OR			
Quantiferon	2. date implanted	2. date read	Results (summary)
Chest X-Ray	___ / ___ / _____		
Urine Drug Screening	___ / ___ / _____		

TUBERCULOSIS SCREENING QUESTIONNARE:

Chills __Yes __No	Fever __Yes __No	Sputum __Yes __No
Chronic Cough __Yes __No	Night Sweats __Yes __No	Weight Loss __Yes __No
Other:		

Flu Shot: LOT: EXP:

__ This individual is free from any health implanted that is a potential risk to the patient or other employee or which may interfere with the performance of his/her duties including the habituation to addiction to drugs or alcohol. _____
__ This individual is able to work with the following limitations: _____
__ This individual is NOT physically / mentally able to work (specify reason) : _____

Physician's signature: _____ Lic. No: _____ Date: _____

Office Stamp: