

McLaren Occupational Health Network

- ☐ Lapeer 1254 N. Main Street Lapeer, MI 48446 (810) 667-7040
- ☐ Grand Blanc 2313 E. Hill Road Grand Blanc, MI 48439 (810) 496-0900
- ☐ Mt. Pleasant 1523 S. Mission Street Mt. Pleasant, MI 48858 (989) 779-5600

| PHYSICAL EXAMINATION | | | | | | | | | |
|---------------------------|---|---|------------------------------------|---|--|-----------|----------------------|----------------|--|
| APPLICANT'S NAME ADDRESS | | | | | | | PHONE | | |
| EMPLOYER ADDRESS | | | | | | | DATE | | |
| JOB TITLE | | | SEX | SEX DATE OF BIRTH SOCIAL SECURITY NO. | | | | | |
| z | | | HE | HEIGHT WEIGHT | | BLOOD PRE | BLOOD PRESSURE PULSE | | |
| REASON | | | 21. | 21. 22. | | 23. | | 24. | |
| | | | 25. UA: Albumin- Sugar- | | | | | | |
| TESTING | ☐ Audiogram ☐ PA Chest X-Ray ☐ Pulmonary Function Test☐ Drug Screen ☐ AP & Lateral LS Spine X-Ray | | | | | | | | |
| | □ PPD □ EMG □ Other | | | Signature of Healthcare Professional | | | | | |
| Th | EDICAL HISTORY is information will assist us in determining whetl sential job functions. If any answers are circled | PHYSICAL FINDINGS 26. Vision: Uncorrected R L | | | | | | | |
| JRY | Present state of health: | | | Corrected R L Contacts Must Wear Corrective Eye Lenses on Company Property a) Peripheral Vision: Right () Left () Both () | | | | | |
| | 2. Injury on the job with time loss ☐ YES ☐ NO | | | | | | | | |
| | 3. Stomach or kidney trouble ☐ YES ☐ NO | | | | | | | | |
| | 4. Back problems (spine) ☐ YES ☐ NO | | | b) Color Vision: Distinguishes red, amber, green ☐ YES ☐ NO | | | | | |
| | 5. Hernia □ YES □ NO | | | 27. Hearing: □ Adequate □ Inadequate | | | | | |
| | 6. Heart problems, hypertension ☐ YES ☐ NO | | | 28. Extremities – Joints: ☐ Normal ☐ Abnormal | | | | | |
| | 7. Lung problems (asthma, bronchitis, TB, etc.) ☐ YES ☐ NO | | 29. Coordination: | | | | | Unsatisfactory | |
| | 8. Smoking history □ YES □ NO | | 30. Head and Neck: ☐ Norma | | | | Abnormal | | |
| ISTC | 9. Nervous or mental illness | | 31. E.N.T.: □ Normal | | | | Abnormal | | |
| A H | 10. Epileptic seizures, fainting or dizzy spells ☐ YES ☐ NO | | 32. Spine: Range of Motion: ☐ Full | | | | ٥ | Limited | |
| DIC. | 11. Allergies or skin diseases ☐ YES ☐ NO | | 33. Skin: □ Normal | | | | ۰ | Abnormal | |
| PATIENT'S MEDICAL HISTORY | 12. Arthritis ☐ YES ☐ NO | | | 34. Abdomen: □ Normal | | | ٥ | Abnormal | |
| | 13. Diabetes ☐ YES ☐ NO | | 35. Thorax: □ No | | | □ Normal | | Abnormal | |
| | 14. Operations, hospital care, serious injuries, fractures, dislocations, etc. ☐ YES ☐ NO | | | | | □ Normal | ٠ | Abnormal | |
| | 15. Foot problems (flat or club foot, etc.) ☐ YES ☐ NO | | | | | □ None N | oted 📮 | Abnormal | |
| | 16. Are you now or have you ever taken any drugs | | | | | □ Normal | | Abnormal | |
| | not prescribed by a doctor | | + | 39. Lung Sounds: | | | □ Normal □ Abnormal | | |
| | 17. Are you now or have you been treated for alcohol or drug abuse ☐ YES ☐ NO | | 40. Varicose Veins and Varicocele: | | | □ Normal | | Abnormal | |
| | 18. Current meds (prescription or over-the-co | ounter) | | | | | | | |
| | 19. Hearing problem: □ YES □ NO | | | RESULTS | | | | | |
| | 20. Last menstrual period Disabling ☐ YES ☐ NO | | | X-Ray: Performed YES NO Film# Results | | | | | |
| | | | | PPD: \(\text{Negative} \) Positive \(\text{Not Read} \) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | | | | | | |
| | | | | | | | | | |
| | Signature of Patient | | | Signature of Provider Date/Time | | | | | |