Roswell Urgent Care CENTER

Employer _____

PART I. (History)

Name _____ **DOB** _____ **Sex** _____

A. Have you ever been diagnosed with:

Chicken Pox or Shingles	☐YES	☐NO	**Vision Impairment**	☐YES	☐NO
Hypertension	☐YES	☐NO	**Hearing Impairment**	☐YES	☐NO
High Cholesterol	☐YES	☐NO	**Seizures**	☐YES	☐NO
Diabetes	☐YES	☐NO	**Joint Pain**	☐YES	☐NO
Asthma or COPD	☐YES	☐NO	**Difficulty Walking**	☐YES	☐NO
Shortness of Breath	☐YES	☐NO	**Muscle Weakness**	☐YES	☐NO
Tuberculosis	☐YES	☐NO	**Hernia**	☐YES	☐NO
Heart Problems or Chest Pain	☐YES	☐NO	**Chronic Back Pain**	☐YES	☐NO
Kidney Problems	☐YES	☐NO	**Herpes Simplex**	☐YES	☐NO
Jaundice	☐YES	☐NO	**Ulcers**	☐YES	☐NO
Hepatitis	☐YES	☐NO	**GERD/Reflux**	☐YES	☐NO

If the answer to any of the above questions was "YES", please describe below.

_____

_____

_____

_____

B. Current Medications: _____ _____

_____ _____

C. Last Date Seen by a Physician _____ Reason _____

D. Last Flu Vaccination _____ **E.** Last PPD _____

I hereby certify, to the best of my knowledge, the answers above are correct and I understand that falsification or omission of information is cause for termination. I further acknowledge that my employer will be able to inspect all the information I have provided above.

Signature of Applicant _____ Date _____

Name _____ **DOB** _____ **Sex** _____

PART II. (Examination)

Height _____ **Weight** _____ **Blood Pressure** _____ **/** _____ **Pulse** _____

Vision: Left Eye **20/** ____ **Right Eye** **20/** ____ **Both Eyes** **20 /** ____ ☐**Corrected** ☐**Uncorrected**

Hearing: ☐Pass ☐Fail **Color Vision:** ☐Pass ☐Fail

Heart Rhythm:	Regular	Irregular	_____
Lungs:	Clear	Abnormal	_____
Abdomen:	Normal	Abnormal	_____
Lower Extremities:	Normal	Ankle Edema	_____
Skin:	Normal	Open Lesions	_____
Eyes:	Normal	Abnormal	_____
Back/Spine:	Normal	Abnormal	_____

Additional Findings or Remarks:

_____

_____

_____

_____

Upon review and examination of _____, he/she appears physically capable of performing the duties as described in their job description.

Examiner's Signature _____ Date _____