PARENT-CHILD DEVELOPMENT CORPORATION
P.O. Box 798
West Point, VA 23181

PHYSICAL EXAMINATION RECORD

To Be Completed By Employee:

Name:_____ Position:_____

Address:_____

Race: _____ Sex: _____ D.O.B: _____ Can you lift up to 50 lbs? Yes☐ No☐

Past Medical History (Esp. Back/Lung Problems): _____

Allergies: (Food, Environmental, etc.)_____

Do You Use: Tobacco☐ Alcohol: ☐ Marijuana:☐ Drugs:☐

Signature:_____ Date:_____

To Be Completed By Physician:

Height: _____ Weight: _____ Temp: _____ Resp: _____

Pulse: _____ Blood Pressure: _____ Heart:_____

Corrective Lenses: Yes _ No _____ Vision O.D. _____ O.S. _____

PPD: Date Administered _____ Date Read: _____ Results: _____

Patient is free of communicable diseases: Yes _____ No _____

Comment:_____

Overall health: Excellent Good Fair Poor

Comments: _____

Physician/PA/NP Signature: _____ Date: _____

Printed Name of Medical Authority:_____

Revised 12/08