



ADDRESS

1 International Plaza Drive, Suite 550
Philadelphia, PA. 19113

PHONE & FAX

(Cell) 484.378.2424
(Office) 484.561.8266

info@mandahealthservices.com | mandahealthservices.com

Employee Physical Examination Form

(Please complete in English)

- As a condition for employment with the M&A Health Services, LLC, you must **SUCCESSFULLY** pass an examination to determine that you are in good health and free of tuberculosis. **In addition, your physician must provide the results of your TB skin test or chest x-ray, as well as the date on which it was performed, and read, within the last 90 days.**
- I hereby give consent to have further information that is requested by the M&A released by the physician who examined me.
- I certify that my responses above are complete and true to the best of my knowledge.

Signature of Employee

Date

TO BE COMPLETED BY PHYSICIAN: (MUST BE PERFORMED BY A PHYSICIAN LICENSED TO PRACTICE MEDICINE AND SURGERY).

Date of Examination: _____ General Appearance: _____

Height: _____ Weight: _____ Allergies: _____

Temperature: _____ Pulse: _____ Respiration: _____ B/P: _____

TB Test- Date Done: _____ TB Test-Date Read: _____ Result: _____ MM

If positive, chest x-ray Date Done: _____ Result: _____ Date TB prophylaxis initiated: _____

	NORMAL	ABNORMAL	If abnormal, Comments:
SYSTEM			
Skin			
Eyes			
Ears			
Nose			
Throat/Dental			
Cardiovascular			
Respiratory			
Gastro Intestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Other			

Summary of Findings:

I hereby certify that I have examined the above applicant and the above is a complete and accurate assessment of my examination. I hereby state that this employee is in good physical and mental health which is required to perform the essential functions of the position for which he or she is applying.

Medical License #: _____ Physician Signature: _____

Address: _____ Phone: _____