



EMS
 Crossroads Center Suite 160, 6087 State Rte. 19N, Belmont, New York 14813
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Jeff Luckey
 Director

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 Assistant Director

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 Clerk

INITIAL HISTORY AND PHYSICAL EXAMINATION

NAME (FIRST, LAST, MI) _____ ADDRESS _____

DATE OF BIRTH ____/____/____ SEX _____ EXAMINING PHYSICIAN _____

ALLERGIES _____ FAMILY HISTORY _____

SURGICAL _____ MEDICAL _____

CHICKEN POX _____ PREVIOUS HEP SERIES _____

MMR DATES 1ST ____/____/____ 2ND ____/____/____ RUBELLA TITER ____/____/____ RUBEOLLA TITER ____/____/____

CHECK IF NORMAL – INDICATE ANY DEFECTS/ MEASUREMENTS

WEIGHT _____ LBS. GAIN OR LOSS IN PAST 2 YEARS _____

HEIGHT _____ INCHES GENERAL APPEARANCE- STATURE _____ SKIN _____

HEAD, NECK, GLANDS _____ FACIAL SCARS _____

EARS _____

VISION _____ W/O GLASSES OD _____ OS _____ W/ GLASSES OD _____ OS _____ COLOR PERCEPT. _____

NOSE, THROAT _____

CHEST, LUNGS _____ ABDOMEN _____

HEART _____ PULSE _____ BLOOD PRESSURE _____

INGUINAL RINGS _____ HERNIA _____

EXTREMITIES _____ ARMS/HANDS _____ LEGS/FEET _____

NEUROLOGICAL _____ SPINE _____

PREVIOUS MUSCULO-SKELETAL INJURIES _____

SUMMARY AND REMARKS _____

This person is free from any health impairment, which is of potential risk to patients or which might interfere with the performance of his/her duties, including the habituation or addiction to alcohol, depressants, stimulants, narcotics, or other drugs or "substances", which may alter the individuals behavior (NYSDOH 405.3).

Yes _____ No _____

EXAMINING PHYSICIAN/ PA. / N.P. – Please circle applicable recommendation:

Class A – No significant defects

C – Employable w/ defect in other work areas

E - Unemployable

B – Employable with defect for above position

D – Unemployable, unless defect is corrected

Examiner: _____ Date _____