

City of Babbitt
Pre-Employment Physical Form

F082406

Applicant Name _____ Date of Birth _____

Job Title _____

To be filled out by the Applicant

Medical History:

Are you currently under a doctor's care? Yes ___ No ___

If yes, explain. _____

Are you currently taking any medications? Yes ___ No ___

If yes, explain. _____

Do you have any current health problems? Yes ___ No ___

If yes, explain. _____

Have you ever had any of the following conditions and if so explain?

Serious Illnesses _____

Serious Injuries _____

Surgery _____

Back Problems _____

Severe Allergic Reactions _____

Applicant Signature: _____ Date: _____

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To be filled out by the Physician

Vital Statistics:

Height: _____ Weight: _____

Blood Pressure: _____ Pulse: _____

Vision:

Acuity: _____ Color Vision: _____ Night Vision: _____

Urine Analysis:

Spec. Gravity: _____ pH: _____ Sugar: _____

Albumen: _____ WBC: _____ Urine Micro _____

Spirogram (Breathing Test): _____

Whisper Test: Pass _____ Fail _____

General Examination:

HEENT _____

Back _____

Lungs _____

Heart _____

Abdomen _____

Extremities _____

Reflexes _____

Other _____

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Drug Screening:

Alcohol Saliva Test

Urine Test (Five Panel DOT):

Pass ____ Fail ____

Doctor's Impression:

Doctor's Recommendations:

Doctor's Signature: _____ Date: _____