



Medical Examination

For those required to submit a medical examination under the Constitution and Canons of the Episcopal Church.

Date of physical: _____

Name		Date of Birth
Home Address		Phone Number
Marital Status	Children and Ages	
Notify in Case of Emergency		Phone Number
Personal Physician	Physician's Address	Phone Number

Please answer all questions below "Yes" or "No;" provide full details in the space at bottom for any questions answered "Yes."

Have you ever ...

Yes

No

1. Been rejected by or paid extra money for insurance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Received Worker's Compensation or other disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been rejected for employment on account of any physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>
4. Received prescription drugs for mental illness or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been a patient in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had any accidents, injuries or operations, or contemplate any operation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Received disability benefits or medical leave for any medical/psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had your medical or psychiatric fitness for a job or educational studies questioned by a supervisor or a supervising institution?	<input type="checkbox"/>	<input type="checkbox"/>
9. Left school or any position because of ill health?	<input type="checkbox"/>	<input type="checkbox"/>
10. Lost time from work or school in the past three years for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>

Provide *full details* here for all questions answered "Yes." Include condition, dates and durations. List the question number when answering. Use additional sheets if necessary.

Outline for physical examination

Physical Examination: Check for within normal limits. Note positive findings in the space below.

Head

- Eyes: vision
- conjunctivae and sclerae
- pupils, size
- reaction
- equality
- appearance
- Ears: hearing
- air and bone conduction appearance
- of tympanic membranes
- Nose: obstruction to breathing
- septal deviation and/or perforation
- discharge
- Mouth: sores
- dental status
- appearance and palpation of mucosa,
- tongue, gums, floor of mouth
- appearance of tonsils, pharynx
- appearance & movement of uvula, palate
- gag reflex

Lymph nodes

- Enlargement, consistency and/or tenderness
- of cervical, axillary, epitrochlear, popliteal and
- inguinal glands

Chest

- Appearance and function of chest wall
- Breasts: appearance, asymmetry,
- tenderness, masses,
- nipple discharge
- Lungs: type of respiration, character of breath
- sounds; presence of rales, rhonchi,
- wheezes or rubs

Heart

- Apex location, precordial movements or thrills
- Auscultation:
- heart sounds: S1, S2, S3, S4
- presence of murmurs, clicks, rubs,
- split sounds
- radiation of murmurs

Neck

- Palpable masses
- Thyroid
- Location of trachea
- Venous engorgement
- Bruits
- Flexibility

Pulses

- Carotids
- Brachials
- Radials
- Femorals
- Dorsalis pedis
- Posterior tibials

Summary of positive findings:

Tuberculin skin testing

Name

Social Security Number

Address

Date of birth

Date test was given: _____

Manufacturer: _____

Lot#: _____

Signature: _____

The tuberculin skin test has been administered and results are as follows:

_____ Positive _____ Negative

Test read by: _____

Date: _____