

Medical Examination

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

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

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

Have You

Yes

No

1. Ever been rejected or paid extra money for insurance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever 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. Ever received prescription drugs for mental illness or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever 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. Ever 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." *Full details* include the condition, dates and durations. List the question number when answering. Use additional sheets if necessary.

Outline for physical examination

1. (a) How long have you known applicant? _____ (b) in what relationship? _____
 2. (a) Height without shoes _____ (b) Weight _____

Vital signs

Temperature _____ Pulse _____ Respiration _____ Blood pressure _____
 (arm, R or L position)

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 ready by: _____

Date: _____