



## PHYSICAL EXAMINATIONS

BOCES requires base line physical exams be completed on each new employee and annual physicals be completed on the LPN, food service, and daycare staff. You have the option of choosing The OGH Occupational Wellness Center listed below or seeing your own Doctor. If you choose the Wellness Center listed here, there is no cost or paperwork required of you.

**If you choose to see your own Doctor, BOCES will pay up to \$45 towards this exam. You must present a paid receipt to your division director.** The director will then submit a purchase order to Accounts Payable to process your reimbursement.

NOTICE: Female employees are entitled to examination by a female physician or may have a female present during the examination.

### **OLEAN GENERAL HOSPITAL OCCUPATIONAL WELLNESS CENTER – 375-7495**

Please call for an appointment.

266 W. State Street, Olean, NY 14760  
Monday – Thursday 7am – 5pm  
(located behind Perkins Restaurant in Holiday Park)

CATTARAUGUS, ALLEGANY, ERIE, WYOMING BOCES  
1825 Windfall Road, Olean, NY 14760

**PHYSICAL EXAMINATION**

Name: \_\_\_\_\_

General Appearance: \_\_\_\_\_

Height (without shoes) \_\_\_\_\_ Present Weight \_\_\_\_\_ Normal Weight \_\_\_\_\_

Skin: \_\_\_\_\_

EYES: General Condition R \_\_\_\_\_ L \_\_\_\_\_

Vision (without Glasses) R \_\_\_\_\_ L \_\_\_\_\_

Vision With Glasses (if applicable) R \_\_\_\_\_ L \_\_\_\_\_

Visual Acuity Test Used: \_\_\_\_\_

Is color vision normal? \_\_\_\_\_

EARS: General (Otosopic) R \_\_\_\_\_ L \_\_\_\_\_

Hearing (Audiometer testing rec.) R \_\_\_\_\_ L \_\_\_\_\_

NASOPHARYNX: Nasal obstruction \_\_\_\_\_ Tonsils (diseased?) \_\_\_\_\_

MOUTH: Teeth \_\_\_\_\_ Oral Hygiene \_\_\_\_\_ Malocclusion \_\_\_\_\_

SPEECH: Clear \_\_\_\_\_ Coherent \_\_\_\_\_ Impediment \_\_\_\_\_

GLANDS: Enlarged thyroid \_\_\_\_\_ Enlarged lymph nodes \_\_\_\_\_

CHEST: Lungs (pathology?) R \_\_\_\_\_ L \_\_\_\_\_

CARDIOVASCULAR SYSTEM: Blood Pressure \_\_\_\_\_ Pulse Rate \_\_\_\_\_ (Regular, Irregular, Tachycardia) \_\_\_\_\_

HEART: \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

HERNIA: (actual or potential) \_\_\_\_\_ Type (Inguinal or other) \_\_\_\_\_

GASTRO INTESTINAL: \_\_\_\_\_

GENITO-URINARY: \_\_\_\_\_

BONES-MUSCLES: Spine \_\_\_\_\_ Feet \_\_\_\_\_ Posture \_\_\_\_\_

NERVOUS SYSTEM: Reflexes \_\_\_\_\_ Tremors \_\_\_\_\_

VEINS (Varicose) Present \_\_\_\_\_ Degree \_\_\_\_\_

Disfiguring scars: \_\_\_\_\_

Evidence of growths or tumors: \_\_\_\_\_

Symptoms of alcoholism or drug addiction : \_\_\_\_\_

Estimate of emotional stability: \_\_\_\_\_

LABORATORY TEST: URINE: sugar \_\_\_\_\_ albumin \_\_\_\_\_

I hereby certify that \_\_\_\_\_ has been examined by me. In my opinion the above named person is free from contagious disease and (is) (is not) physically fit to perform the duties of \_\_\_\_\_.

(Please name school position)

If applicant or employee is not physically fit in your judgment, but condition can be corrected, please enter below treatment indicated. \_\_\_\_\_

Date: \_\_\_\_\_ Medical Examiner's Signature: \_\_\_\_\_