



PHYSICAL EXAMINATIONS

CA BOCES requires base line physical exams to 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 Bradford Regional Medical Center listed below, or seeing your own doctor. **If you choose the Medical Center listed here, there is no cost or paperwork required of you.**

If you choose to see your own Doctor, BOCES will NOT reimburse you.

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

Please call for an appointment:

Bradford Regional Medical Center

116 Interstate Pkwy

Bradford, PA 16701

(814) 368 - 2000

Office Hours: Monday – Friday 8:00 a.m. to 4:00 p.m.

PHYSICAL EXAMINATION

Employee 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 (Otoscopic) 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 _____ (circle one) (Employee's Position)

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

Medical Examiner's Signature: _____

Date: _____