Montefiore Medical Center
Occupational Health Service (OHS)
Medical Examination form

NAME: (Last) _____ (First) _____

ADDRESS: _____ DATE OF BIRTH: _____

_____ MRN #: _____
(City), (State) (Zip)

E-MAIL ADDRESS: _____

HOME # _____ CELL # _____

DEPARTMENT:_____ SUPERVISOR: _____

Position:_____ STARTING DATE: _____

HAVE YOU EVER WORKED AT: ☐ MONTEFIORE MEDICAL CENTER ☐AECOM WHEN?:_____

		YES	**NO**
1.	Do you have any allergies? (check) ☐ medication ☐ seasonal ☐ Latex ☐ Other Please list allergies and reactions: _____		
2.	Do you have any condition that will require special working arrangements?	____	____
3.	Have you consulted a physician for any reason during the past three years other than routine physicals?	____	____
4.	Have you ever been treated by a psychiatrist or psychologist?	____	____
5.	Have you been hospitalized for any reason other than childbirth during the past 10 years?	____	____
6.	Have you had any accidents or injuries?	____	____
7.	Have you had any work related injuries?	____	____
8.	Have you had any operations?	____	____
9.	Have you ever had high blood pressure (hypertension)?	____	____
10.	Have you ever been prescribed medication or a special diet for your blood pressure?	____	____
11.	Do you have diabetes?	____	____
12.	Do you have sickle cell disease or trait?	____	____

13. Do you smoke? ___ ____
If Yes, how much? _____

14. Do you take any drugs or medications? ____ ____

15. Do you drink more than three alcoholic beverages daily? ____ ____

16. Do you have a private physician or do you attend a medical clinic? If so, please indicate name and address: _____

Do you currently have or ever had?

	YES	NO		YES	NO
asthma	____	____	vision problems	____	____
anemia	____	____	hearing problems	____	____
arthritis	____	____	immune deficiency	____	____
hernia	____	____	chronic cough	____	____
back pain/problem	____	____	chronic headaches/migraines	____	____
seizure disorders	____	____	Any other medical problem?	____	____

All answers and statement provided by me on this examination form are complete and true. I understand and agree that my employment depends on full disclosure of all medical information and that any false or misleading statements can lead to immediate dismissal.

Signature of Applicant: _____ Date:_____

PLEASE DO NOT WRITE BELOW THIS LINE – FOR OHS USE ONLY

_____ IPPD #1 _____ Results(mm)_____ Date read_____

_____ IPPD # 2_____ Results(mm)_____ Date read_____

*****Chest X-Ray: _____ Results: _____

QUANTIFERON*****: ☐ Yes ☐ No DATE AND RESULTS:_____

History for PPD Positive Employees

1) Birthplace_____
2) History of BCG_____
3) History of prior TB testing_____
4) History of prior treatment_____
5) History of TB contacts_____
6) Plan:_____

*****If Indicated/Documentation required

Immunizations:

_____Tdap Other: _____ Influenza Vaccine: _____
Please indicate in Influenza program

HISTORY AND PHYSICAL

B/P_____ PULSE_____ HEIGHT._____ WEIGHT_____

(Check the following statements for accuracy. Cross out the incorrect statements and indicate the observed abnormalities in the space below)

General Appearance, demeanor, gait, and station are within normal limits.

There is no significant skin eruption.

There is no significant lymphadenopathy.

Lungs are clear to percussion and auscultation.

There are no abnormalities of the breasts.

No cardiac murmurs are audible.

No abdominal mass or organ enlargement is evident.

No hernia is present.

No tenderness or deformity of the back is evident.

There is no sign of drug or alcohol abuse.

No other significant abnormalities are noted.

Provider's comments on affirmative responses:

A physical examination has been performed on this employee and no evidence of significant contagious illness or other disability that would interfere with his/her anticipated responsibilities have been noted.

_____ _____

Provider's Signature Date

It is the responsibility of the examining physician to ascertain that each patient is informed of any significant problem noted, whether disqualifying or not, and to suggest the means of obtaining appropriate medical attention.