

Wyandanch Union Free School District
Office of Human Resources
1444 Dr. Martin Luther King Jr. Blvd.
Wyandanch, New York 11798
Phone-631-870-0410 Fax-631-491-1210

Medical Examination Report

Date of Examination: _____
Name _____ Address _____

Physical Examination

General Appearance _____
Height (without shoes) _____ Present Weight _____ Normal Weight _____
Skin _____

EYES: Vision Acuity Test Used: _____
General Condition R _____ L _____ Vision (w/o glasses) R _____ L _____
Vision (w/glasses) R _____ L _____ is color 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 _____

CARDIO VASCULAR SYSTEM:

Blood Pressure _____ Pulse _____

Regular, Irregular, Tachycardia _____

HEART: _____ ABDOMEN _____

Hernia (actual or potential) _____

Gastro Intestinal: _____ Genito-Urinary _____

BONES/MUSCLES: Spine _____ Feet _____ Posture _____

NERVOUS SYSTEM: Reflexes _____ Tremors _____ Veins(varicose) _____

Disfiguring Scars: _____

Evidence of growths or tumors _____

LABORATORY TESTS

Urine: Sugar _____ Albumin _____ Results _____

TIBURCULIN TEST: (Date) _____ Results _____

I hereby certify that _____ has been examined by me, in my OP, the above person is free from contagious disease and is/is not physically fit to perform the duties of _____.

* If applicant is not physically fit in your judgment and condition can be corrected, please enter below.

Comments: _____

Date _____ Medical Examiner Signature _____

Print Medical Examiner

Name _____ Address _____

Medical Examiner License # _____