

MARBLE FALLS MINOR EMERGENCY CENTER
PRE-EMPLOYMENT PHYSICAL FORM

DATE OF PHYSICAL: _____

NAME OF PATIENT : _____ PATIENT'S DATE OF BIRTH : _____

PATIENT'S SS# : _____

POSITION APPLIED FOR : _____ DEPARTMENT : _____

HEIGHT : _____ WEIGHT : _____ BP : _____

LAST TETANUS : _____ PULSE : _____

MEDICATIONS: _____

ALLERGIES: _____

MAJOR ILLNESSES: _____

DATE LAST SEEN BY DOCTOR FOR MAJOR ILLNESS: _____

MAJOR INJURY: _____

DATE LAST SEEN BY DOCTOR FOR MAJOR INJURY: _____

GENERAL APPEARANCE: _____

EYES: _____ VISION : UNCORRECTED: _____ CORRECTED: _____

RIGHT 20/ _____ RIGHT 20/ _____

FAR LEFT 20/ _____ NEAR LEFT 20/ _____

BOTH 20/ _____ BOTH 20/ _____

EARS : _____ HEARING : _____

MOUTH/THROAT: _____ SKIN : _____

CARDIOVASCULAR : _____

LUNGS: _____

ABDOMEN: _____

GENITOURINARY : _____ HERNIA: YES : _____ NO: _____

MUSCULOSKELETAL :

SPINE: _____

EXTREMITIES: _____

NEUROLOGIC:

REFLEXES: _____

MENTAL STATUS: _____

OTHER TESTS: _____

GENERAL IMPRESSION/ REMARKS: _____

PHYSICIAN'S SIGNATURE: _____

**Marble Falls Minor Emergency Center
PRE- EMPLOYMENT PHYSICAL DEMANDS FORM**

DATE: _____

APPLICAN'T'S NAME: _____

POSITION APPLIED FOR : _____ DEPARTMENT: _____

1. In an 8 hour work day, position will be required to : (Circle full capacity of each activity)

- | | | | | | | | | | | |
|----------|----|---|---|---|---|---|---|---|---|-------|
| a. Sit | No | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (hrs) |
| b. Stand | No | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (hrs) |
| c. Walk | No | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (hrs) |

Doctors comment : _____

2. Position requires : (Underline one of each requirement)

- | | | | | |
|-------------------------------|------------|--------------|------------|--------------|
| a. Bend/Stoop | Not at all | Occasionally | Frequently | Continuously |
| b. Squat | Not at all | Occasionally | Frequently | Continuously |
| c. Crawl | Not at all | Occasionally | Frequently | Continuously |
| d. Climb | Not at all | Occasionally | Frequently | Continuously |
| e. Climb Height | Not at all | Occasionally | Frequently | Continuously |
| f. Reach above shoulder level | Not at all | Occasionally | Frequently | Continuously |
| g. Crouch | Not at all | Occasionally | Frequently | Continuously |
| h. Kneel | Not at all | Occasionally | Frequently | Continuously |
| i. Balance | Not at all | Occasionally | Frequently | Continuously |
| j. Push/Pull | Not at all | Occasionally | Frequently | Continuously |

Doctors comments : _____

3. Position will require that he/she carry : (Underline one of each requirement)

- | | | | | |
|-------------------|------------|--------------|------------|--------------|
| a. Up to 10 lbs | Not at all | Occasionally | Frequently | Continuously |
| b. 11-24 lbs | Not at all | Occasionally | Frequently | Continuously |
| c. 25-34 lbs | Not at all | Occasionally | Frequently | Continuously |
| d. 35-50 lbs | Not at all | Occasionally | Frequently | Continuously |
| e. 51-74 lbs | Not at all | Occasionally | Frequently | Continuously |
| f. 75-100 lbs | Not at all | Occasionally | Frequently | Continuously |
| g. 100 lbs & over | Not at all | Occasionally | Frequently | Continuously |

Doctors comment : _____

