



HAMMOND URGENT CARE

2741 W Thomas Street

Hammond, LA 70401

Phone: 985-542-2299 Fax: 985-542-1750

PRE-EMPLOYMENT PHYSICAL

Name: _____ DOB: _____ Date: _____

Phone: _____ Social Security Number: _____

Address: _____

MEDICAL HISTORY

Medications _____

Allergies _____

Major Illnesses _____

Date last seen by Doctor for Major Illnesses _____

Major Injury _____

Date last seen by Doctor for Major Injury _____

Date of Last Tetanus _____

Information below to be filled out by physician only: Height _____ Weight _____ BP _____ Pulse _____

ACUITY	UNCORRECTED	CORRECTED
RIGHT EYE	20/	20/
LEFT EYE	20/	20/
BOTH EYES	20/	20/

BODY SYSTEM	CHECK FOR: NORMAL, ABNORMAL, WITHIN NORMAL LIMITS?
General Appearance	
Eyes	
Ears: Hearing?	
Mouth and Throat	
Heart	
Lungs and Chest	
Abdomen and Viscera	
Vascular System	
Genitourinary System: Hernia?	
Extremities	
Spine, other musculoskeletal	
Neurological: Reflexes/Mental	
General Impressions/Remarks	

Provider Signature: _____ Date _____