

**GRANT PARISH SCHOOL BOARD
PHYSICAL EXAMINATION FORM (To be completed by physician)**

Name _____ Date _____

Job Title _____

VITAL SIGNS

Blood Pressure _____ / _____
 Weight _____
 Best far vision R _____/20
 ___ w.c. ___ w/o c. L _____/20
 Smoking status Y N
 Hears conversation well? Y N

EXAMINATION

Is skin free of open lesions or infection? Y N
 Acceptable oral hygiene? Y N
 Do ears appear free from infection? Y N
 Are heart sounds clear and normal? Y N
 Is abdominal examination normal? Y N

GENERAL OBSERVATIONS

Is gait smooth and normal? Y N
 Is posture erect and normal? Y N
 Are movements/coordination
 Normal? Y N
 Acceptable personal hygiene? Y N
 Is weight proportionate? Y N
 If no, does weight impair
 Individual from performing
 Duties as outlined in job
 Description? Y N

AGILITY

Flexing at waist, fingers from floor? Y N
 Able to do five toe touches smoothly? Y N
 Able to do five knee bends smoothly? Y N
 Moves neck and spine in all planes? Y N
 Normal ROM of upper extremities? Y N
 Normal Heel-Toe Walk? Y N

RECOMMENDATIONS

_____ Employee with no restrictions.

_____ Employee with restrictions or accomodations _____

Additional tests needed for determination of employability _____

Physician Signature: _____ Date: _____