

# Physical Examination Form

Patient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sex: \_\_\_\_\_ Male \_\_\_\_\_ Fem \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Marital Status: (circle one) Single Married Separated Divorced

I authorize the release of my personal medical information to New Life Women's Center for the purpose of determining my eligibility for admission and if accepted medical information for the duration of my residency at New Life Women's Center.

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Send Completed Form To:</b>	<b>Medications:</b> (List all medications the applicant is currently taking)		
Director		Dosage	How long taking
New Life Women's Center	1. _____	_____	Reason: _____
14699 Steed Rd.	2. _____	_____	Reason: _____
Montgomery, TX 77316	3. _____	_____	Reason: _____
Phone: (936 )449-4357	4. _____	_____	Reason: _____
Fax: (936) 597-8900	5. _____	_____	Reason: _____

**Required Medical Testing:**

Ears	Nose	Throat	Eyes	Neck	Back	Abdomen
Skin	Rectal	Pelvic	Genitals	Thyroid	Lymph Glands	
Heart	Lungs	Bones	Joints	Extremities		

**Required when requested:**  
 Neurological

**Required Lab Work:**

**Drug Screening**

Hepatitis (A,B,C) Specify: \_\_\_\_\_

VDR L Specify: \_\_\_\_\_

HIV Antibody

Tuberculosis skin test CXR if TB test is positive

Pregnancy

STDs

**If positive, detail gynecological exam required**

Allergies (list all) \_\_\_\_\_

Immunizations:

Polio	Yes	No
Measles	Yes	No
Mumps	Yes	No
Rubella	Yes	No

Last Tetanus shot \_\_\_\_\_

**Is there any medical condition that may endanger the health of the staff or students in our residential program?**

Yes No Condition: \_\_\_\_\_

Yes No Condition: \_\_\_\_\_

Yes No Condition: \_\_\_\_\_

**Is there any reason why this applicant should not assist in the preparation of food?**

Yes No Reason: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

\_\_\_\_\_