

**Phoebe Corporate health
History and Physical**

Demographics:

Company:

Name:

Address:

City:

State:

Zip:

Home Phone:

Age:

Birthdate:

Date:

Personal Physician:

Work/ Vocational History:

- a. Please provide the following information on all the jobs you have held, starting with the most recent (including present job if now employed) and going backwards. List length of time you spent at each job, as well as exposure to any known health hazards (fumes, dust, chemical, radiation, noise, etc.).

JOB/MAJOR TASKS	EMPLOYER	DATES EMPLOYED

MILITARY SERVICE:

(Dates and Branch)

CURRENT PART TIME WORK:

HOBBIES:

Personal Health History:

Check how you would describe your health: **Excellent** **Good** **Fair** **Poor**

Please list all medication that you are currently taking or have taken in the last month:

Have you ever had or been told you have:

Yes	No	Check Each item	◆	Yes	No	Check Each item
		Dizziness, Fainting, unconsciousness	◆			Rectal trouble; hemorrhoids
		Frequent or severe headaches	◆			Albumin, blood or pus in the urine
		Convulsion, fit, seizure (epilepsy)	◆			Kidney problem; kidney stones
		Head injury, including concussion	◆			Frequent or painful urination
		Stroke	◆			Fracture or broken bones
		Eye trouble(except glasses or contacts)	◆			Swollen or painful joints, arthritis
		Ear trouble	◆			Paralysis
		Hearing loss or deafness	◆			Amputation
		Sinusitis; hay fever; allergies	◆			Bone or joint deformity
		Frequent colds or sore throat	◆			Neck injury, including whiplash
		Unusual shortness of breath	◆			Back trouble, inc. strain or sciatica
		Breathing difficulty; asthma	◆			Disc disease or ruptured disc
		Chronic cough	◆			"Trick" or locking knee
		Pneumonia	◆			Poor appetite; weight loss
		Chronic bronchitis; emphysema	◆			Foot trouble
		Tuberculosis or positive TB test	◆			Gout
		Abnormal chest x-ray	◆			Diabetes or sugar in the urine
		Palpitations; pounding heart	◆			Thyroid trouble
		Irregular, fast heart beat	◆			Anemia or Low blood count
		Rheumatic fever	◆			Bleeding or excessive bruising
		Heart murmur	◆			Malaria
		Pain, pressure, tightness in chest	◆			Skin problems; hives
		Heart attack; Coronary artery disease	◆			Reaction to serum, medication, drug
		Heart surgery or bypass surgery	◆			Cancer. Cyst, growth, or tumor
		Abnormal exercise stress test	◆			Nervous mental, emotional trouble
		Abnormal electrocardiogram	◆			Regular use of drugs or alcohol
		High blood pressure	◆			Car, train, sea, or air sickness
		Stomach trouble, including ulcers	◆			Sleeping problem
		Hepatitis, jaundice	◆			Do you smoke? How Long
		Enlarged liver or cirrhosis	◆			Have you quit smoking
		Gall bladder trouble/gall stones	◆			Radiation exposure other then x-ray
		Bowell trouble; colitis	◆			Exposure to toxic chemicals
		Hernia; rupture	◆			

Have you ever been:

Yes	No	Check Each item	◆	Yes	No	Check Each item
		Limited or restricted in your work for health reasons or given a permanent disability rating.	◆			Admitted to hospital or any other institution for observation or surgery
		Rated or declined for life or other insurance for medical reasons	◆			Advised to have an operation that was not performed
		Denied employment for medical reasons	◆			Treated for alcoholism or drug addiction
		Exposed to high noise levels, or hazardous dust, fumes, chemicals, gases at work	◆			Found not qualified or discharged from military service for medical reasons
		Unable to work from more than 2 weeks because of an illness or injury	◆			

Physician Comments:

I hereby certify that I have read and understand all of the questions and have responded to them with the best of my knowledge.

Examinee's Signature

Date:

Reviewer's Signature

Date: