



271 East First Street
Corning, NY 14830
607-962-8225/1-888-962-8244

Pre-Employment Physical Form

Name: _____ D.O.B.: _____

Address: _____ City: _____ State: _____

Height: _____ Weight: _____ BP: _____ Pulse: _____

1) Eyes: Visual Acuity: Left _____ Right _____ Glasses Contacts

2) Skin: _____

3) Ears: _____ Hearing Aide

4) Nose: _____ Sinus Disease? _____

5) Mouth/Throat: _____

6) Thyroid: _____

7) Lungs: _____ History of TB? Y N

(Please complete Tuberculosis Test Form)

8) Hernia: _____

9) Varicose Veins: _____

10) Nervous System: _____

History of Mental or Nervous Disorder? _____

11) Current Medications: _____

(Attach additional sheet if needed)

12) Skeletal System: _____

Can applicant lift 50 pounds? Y N (Such as would be needed in wheelchair or bed transfers, etc.)

Signature of examiner: _____

Printed Name: _____

Date of Exam: _____ 16 -

8/09