

SALMON RIVER CENTRAL SCHOOL DISTRICT

Fort Covington, New York 12937

Business Office - (518) 358-2215

MEDICAL EXAMINATION REPORT FOR PERSONNEL OTHER THAN  
BUS DRIVERS

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Date of Med. Exam \_\_\_\_\_

Have you ever had or have:

T.B. _____	Heart Disease _____
Diabetes _____	Fainting Spells _____
Epilepsy _____	Skin disease _____
Persistent Cough _____	Recurrent diarrhea _____
Recurrent Vomiting _____	Chronic sinus problems _____
Chronic Discharge _____	Lengthy Hospitalization _____
Serious Illness _____	Hepatitis _____

If yes, explain \_\_\_\_\_

\_\_\_\_\_  
Patient Signature: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

EYES

Vision: R \_\_\_\_\_ L \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_  
Color Blind: Y \_\_\_\_\_ N \_\_\_\_\_ Test Used \_\_\_\_\_

EARS

Discharge \_\_\_\_\_  
Hearing: R \_\_\_\_\_ L \_\_\_\_\_ Test Used \_\_\_\_\_

Scalp \_\_\_\_\_

Neck \_\_\_\_\_

Lungs \_\_\_\_\_

Heart \_\_\_\_\_

GU \_\_\_\_\_

Hernia \_\_\_\_\_

Nervous System \_\_\_\_\_

Skin \_\_\_\_\_

Mental Status \_\_\_\_\_

Speech \_\_\_\_\_

Communicable Diseases \_\_\_\_\_

T.B. \_\_\_\_\_ Test Used \_\_\_\_\_

Hepatitis \_\_\_\_\_

I hereby certify that \_\_\_\_\_ has been examined by me in accordance with the medical examination report form prescribed by the Salmon River Central School District. In my opinion, the above-named applicant is free from contagious diseases and is / is not physically fit to perform the duties of a school

(If applicant is not physically fit but the condition can be corrected, please enter below corrective action indicated.)

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Date: \_\_\_\_\_

\_\_\_\_\_ Medical Examiner's Signature

PHYSICAL EXAMINATIONS DONE BY THE SCHOOL PHYSICIAN WILL BE DONE AT THE DISTRICT'S EXPENSE.

PHYSICAL EXAMINATIONS DONE BY YOUR PERSONAL PHYSICIAN WILL BE DONE AT YOUR EXPENSE.

