



# SALMON RIVER CENTRAL SCHOOL DISTRICT

637 Co. Rt. 1, Fort Covington, New York 12937 • Tel: (518) 358-6600 • Fax (518) 358-3492

## MEDICAL EXAMINATION REPORT FOR PERSONNEL OTHER THAN BUS DRIVERS

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Medial Exam \_\_\_\_\_

Have you ever had or have:

T.B. \_\_\_\_\_

Diabetes \_\_\_\_\_

Epilepsy \_\_\_\_\_

Persistent Cough \_\_\_\_\_

Recurrent Vomiting \_\_\_\_\_

Chronic Discharge \_\_\_\_\_

Serious Illness \_\_\_\_\_

If yes, explain

Heart Disease \_\_\_\_\_

Fainting Spells \_\_\_\_\_

Skin Disease \_\_\_\_\_

Recurrent Diarrhea \_\_\_\_\_

Chronic Sinus Problems \_\_\_\_\_

Lengthy Hospitalizations \_\_\_\_\_

Hepatitis \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

EYES:

Vision: R \_\_\_\_\_ L \_\_\_\_\_

Color Blind: Y \_\_\_\_\_ N \_\_\_\_\_

Glasses/Contacts \_\_\_\_\_

Test Used \_\_\_\_\_

EARS:

Discharge \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Test Used \_\_\_\_\_

Scalp \_\_\_\_\_

Lungs \_\_\_\_\_

Neck \_\_\_\_\_

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.