

Name :

DOB :

WORKSITE+WELLNESS

OCCUPATIONAL HEALTH SERVICES, LLC

Physical Exam

Vital Signs		
Height _____ ft. _____ in.	Weight _____ lbs.	BP _____ / _____
Pulse _____ Reg/Irreg.	Respirations _____	Pulse Ox _____ %
Temp _____ Degrees	BMI _____	Body Fat% _____
Neck _____ in	Waist _____ in	Staff Initials: _____

Urinalysis										
	Leuks	Nitrite	Urobil	Protein	pH	Blood	Sp Gravi	Ketones	Bili	Glucose
Result										

Physical Exam		
	Normal	Abnormal Findings/Provider Comment:
Head		
Eyes		
Ears		
Nose		
Throat		
Dental		
Neck		
Cardiovascular		
Pulmonary		
Breast		
Abdomen		
Groin		
Lower Extremity		
Back		
Upper Extremity		
Psychiatric		
Neurologic		

Date :

W+W/Physical Exam 1

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Provider Comments

Physical Exam Clearance

<input type="checkbox"/>	Cleared for work Without Restrictions
<input type="checkbox"/>	On-hold Until Further Evaluation _____
<input type="checkbox"/>	Follow-up care needed/Referral to _____
<input type="checkbox"/>	Cleared for work With the Following Restrictions _____
<input type="checkbox"/>	NOT cleared for work due to _____
<input type="checkbox"/>	Other: _____

Provider Name: Robin Horaz, FNP-BC
Medical Director: Warren Wollin, DO

Provider Signature: _____

Date :