



Physical Examination Record

Member Name: _____

Physician Name & Address: _____

Physician Phone Number: _____

To Be Completed by Physician:

1. Date of Exam: _____

2. Mantoux Tuberculin Skin Test:
Tuberculin skin testing by Mantoux method is required every 2 years.

A. Mantoux TB test given? Yes No
If No, why? _____

B. Date test was read? _____

C. Test result were: Negative Positive
If Positive, results of initial chest x-ray: _____

3. Any contagious disease present? Yes No

4. Can this individual participate in a day treatment program? Yes No

5. If a communicable disease is present, but the individual is able to participate in program, what specific precautions must be taken to prevent the spread of the disease to others? _____

6. Does the individual have any other medical problems/issues which might interfere with their ability to participate in treatment. Please include any physical limitations or restrictions and the period of time these limitations expire if applicable. _____

Physician Signature: _____

Date: _____