PRE-EMPLOYMENT PHYSICAL FORM

HENDERSON AMBULATORY SURGERY CENTER FOR MINIMALLY INVASIVE PROCEDURES (HASMIP)

Personal Information

Full Name :

Full Address :

Date : Cell Phone :

E-Mail :

Sex : Ethnicity H : W: DOB : D D M M Y Y

Primary Physician : Phone :

Insurance Provider : ID # :

Employment

Job Title : Department : EIN :

Previous Employer : Dates :

Previous Employer : Dates :

Current Symptoms

- Headaches
- Fevers
- Vision Impairment
- Dizziness
- Hearing Impairment
- Numbness
- Nausea
- Joint Pain/Swelling
- Coughing/Wheezing
- Fatigue
- Weight Loss/ Gain
- Chest/Back Pain

Medical History

Exercise Frequency: Exercise Types:

Smoking Frequency Drinking Frequency

Illicit Drug Frequency: Fast Food Frequency

Allergies :

Current Med(s) :

Current DX :

Current Injuries :

Previous Injuries :

Previous Med(s) :

Dates Treated :

Prev Med Conditions :

Previous Surgeries :

Vaccinations

Standard Childhood Vaccinations ☐ Yes ☐ No	Hepatitis A ☐ Yes ☐ No	Hepatitis B ☐ Yes ☐ No	Tuberculous ☐ Yes ☐ No
Date:	Date:	Date:	Date:
Flu ☐ Yes ☐ No	MMR ☐ Yes ☐ No	TD/TDap ☐ Yes ☐ No	Chicken Pox (Vaccine or Illness) ☐ Yes ☐ No
Date:	Date:	Date:	Date:

Occupation Hazards

Do you require a respirator, face mask, or nose/mouth guard? _____

Will you be lifting more than fifty pounds on a regular basis? _____

Will you be exposed to human fluids (blood, feces, etc.) _____

Will you be exposed to poisonous or radioactive chemicals? _____

Will you be operating heavy machinery/driving a vehicle? _____