Every 4 Years: Employee Physical Form

To be completed every 4 years.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

By signing this form, I declare all information to be accurate. I also understand the facility may ask me to obtain a written medical release from my physician to be obtained at my own expense.

Employee Signature: _____ Date: _____

To be completed by a Nurse:

The Iowa State Department of Health requires pre-employment and health examination every four (4) years for nursing home employees. Requirements are:

Health examinations shall be in sufficient detail to determine freedom from:

1. Clinical evidence of any disease in a communicable form.
2. Boils or infected wounds.
3. Acute or chronic inflammatory condition of respiratory system.
    a. A Mantoux Tuberculin Skin Test is required Annually. (Is done at the facility)
4. Evidence of a carrier state of an intestinal infection.

Blood Pressure: _____ Pulse: _____ Respirations: _____ Temp:_____

_____ Based on this examination and review of the physical requirements of this position, I have found no indication of any condition, which might represent a possible hazard, the health of patients or to other employees in the institution in accordance with the above stated instructions.

_____ I feel this individual needs to be referred to physician for further review:

- Appointment date/time _____

Nurse's Signature: _____ Date: _____

To be completed by Physician:

_____ Based on this examination and review of the physical requirements of this position, I have found no indication of any condition, which might represent a possible hazard, the health of patients or to other employees in the institution in accordance with the above stated instructions.

_____ This employee is not able to perform the essential functions of the job.

Physician Signature: _____ Date of Review: _____