



# VICTORY MEDICAL CLINIC LLC.

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<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>		<b>Today's Date:</b>		<b>Job Title:</b>	
<b>DOB</b>	<b>Age</b>	<b>Sex</b>	<b>HT</b>	<b>WT</b>	<b>Temp.</b>	<b>Pulse</b>	<b>Resp.</b>	<b>B/P</b>	<b>Drug/Food Allergies</b>

**Vision:** R 20/\_\_\_ L 20/\_\_\_ **Pupils:** Equal\_\_\_ Unequal\_\_\_ **Glasses/Lenses:** Y / N **Hearing:**  Normal  Impaired  Hearing Aid

PHYSICAL EXAM	NORMAL	ABNORMAL	COMMENTS
1. General Appearance / BMI			
2. Skin			
3. HEENT			
4. Teeth			
5. Neck			
6. Lungs			
7. Heart			
8. Abdomen			
9. GU System			
10. Musculoskeletal Functioning (Full ROM to all extremities? History of injury to knees or hips?)			
11. Back / Spine (History of injury?)			
12. Neurological (Gross observation of gait, coordination, tremors, etc.)			
13. Psychiatric (tics, stuttering, nail-biting, cognition, orientation, affect, obvious personality disorders, etc.)			

Physician's review of person's medical history as recorded on reverse side of this form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PPD / Mantoux Test for Tuberculosis: 1<sup>st</sup> Step Date: \_\_\_\_\_ Result: \_\_\_\_\_ 2<sup>nd</sup> Step Date: \_\_\_\_\_ Result: \_\_\_\_\_

Chest X-Ray: Date Performed: \_\_\_\_\_ Results: \_\_\_\_\_

THIS APPLICANT IS FIT FOR EMPLOYMENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_ Deferred for Functional Capacity Evaluation: \_\_\_\_\_

Examining Physician's Signature	Date Physical Examination Performed
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