

MUNCIE AREA CAREER CENTER  
2500 N ELGIN ST  
MUNCIE IN 47303

**HEALTH OCCUPATIONS – PHYSICAL EXAMINATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAMILY PHYSICIAN \_\_\_\_\_

SURGERIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

NECK \_\_\_\_\_

HEART \_\_\_\_\_

LUNGS \_\_\_\_\_

ABDOMEN \_\_\_\_\_

ANY HISTORY OF BACK PROBLEMS? \_\_\_\_\_

CHEST X-RAY **YES** OR **NO**

MANTOUX TWO STEP TEST:

1 <sup>ST</sup> Step	Date Given	Date Read	Location	Given By	Results	Read By
2 <sup>nd</sup> Step	Date Given	Date Read	Location	Given By	Results	Read By

FREE FROM COMMUNICABLE OR INFECTIOUS DISEASE INCLUDING TUBERCULOSIS IN THE INFECTIOUS STAGE? **YES** OR **NO**

HAVE YOU EVER HAD A POSITIVE REACTIOIN TO THE T.B. SKIN TEST? **YES** OR **NO**  
IF **YES**, PLEASE EXPLAIN \_\_\_\_\_

REMARKS:

MD \_\_\_\_\_

DATE \_\_\_\_\_