Magdala Foundation
Employee Physical Examination Form

Please complete this form in its entirety and return it to the Executive Assistant.

Employee's Full Name _____
Last Name, First Name

The Magdala Foundation employee named above was seen by me on _____
Date

He/She was found to be mentally and physically capable of working at Magdala Foundation. Yes ☐ No ☐

He/She is free of *communicable* disease. Yes ☐ No ☐

If no, please state what *communicable* disease he/she is found to be carrying:
_____
_____

The result of his/her Mantoux tuberculin skin test was ____ millimeters.

If the Mantoux tuberculin skin test is ≥ 10 millimeters, please indicate chest x-ray results: _____
_____

Are there any restrictions or special instructions which to apply to this employee?
Yes ☐ No ☐
If yes, please explain_____
_____
_____

Additional Comments: _____
_____
_____
_____

_____
Name of the M.D. (Please print or use stamp)

_____
_____
Address

_____
Telephone Number

_____ _____
Signature of M.D. Date

Updated 02/26/2018