



Annual/Pre-employment Physical

Name, Job Title:

Date:

SSN:

I have examined the above named individual; and to the best of my knowledge, he/she is in good physical and mental health, is free of any communicable diseases, has no physical limitations, and is able to function in his/her professional discipline and specialty on a full-time basis at full capacity without any accommodations and/or restrictions.

Name and title printed:

Signature:

Date:

Comments:

HCS Annual Physical requirements include:

- Your name and title
- The date the physical was done
- Signature and title of who performed the physical assessment (see list for acceptable titles)
- Above statement

Physicals can be done by the following:

- M.D.
- Nurse Practitioner
- Physician's assistant

PPDs can be read by the following:

- An RN or LPN other than yourself
- Employee or occupational health nurse
- M.D.
- D.O.
- Physician's assistant
- If your PPD is placed by Choice Care it must be read there.