

Pinnacle Medical Management Corp.
 654 N. Sam Houston Pkwy E. 189
 Houston, Texas 77060
 Phone: (281)405-8378 Fax: (281)405-8004

EMPLOYER: _____

Name _____ Position _____
 Sex _____ Date of Birth _____ Social Security# _____

Medical History: Have you ever had or do you now have...? Please check the appropriate box for each item. If yes, explain in the section on the bottom of this page.

	YES	NO		YES	NO
Any illness or injury in the last 5 years?			Hepatitis or jaundice (liver trouble)		
Arthritis, backache or joint pain			Kidney or bladder trouble		
Broken bones or head injury			Painful, frequent, or bloody urine		
Major illness			Sugar or Albumin in urine		
Operations			Diabetes or thyroid disease		
Eye trouble (or fitted with contact lenses)			Frequent or severe headaches or migraines		
Deafness or ear trouble			Dizziness or fainting spells		
Sinus trouble or frequent sore throat			Epilepsy or fits/under prescription		
Frequent colds or persistent cough			Nervousness or mental illness		
Tuberculosis or chest diseases			Weakness or fatigue		
Pneumonia or pleurisy			Recent gain or loss of weight		
Shortness of breath			Hernia or rupture		
Heart disease/pneumatic fever/heart murmur			Any current venereal disease		
Chest pain or angina			Addiction to drugs or alcohol		
High blood pressure (under prescription)			Bleeding disorder		
Varicose veins or swelling of ankles			Have you ever been under the care of a physician for any reason in the last 6 months?		
Allergy, hay fever, asthma			Treated for a reproductive disorder?		
Skin disease or rash					
Cancer or a tumor			Are you pregnant?		
Stomach, gall bladder, or intestinal trouble			When was your most recent menstrual period?		
Peptic ulcer or black stools			Any illness or injury in the last 5 years?		
Hemorrhoids or rectal bleeding					

The following is to be signed by the applicant: I, the undersigned, hereby certify that all the information furnished on this form is true and correct. I authorize the examining physician to disclose to the Client Organization all information learned and findings made by him in the course of the examination or stated on this form. I willingly submit to any required costs to complete this examination.

Applicant's signature _____ Date _____

MEDICAL HISTORY EXPLAINED:

Blood Pressure/ Pulse Rate

Systolic	Diastolic	Pulse Rate	Height	Weight
Record distant from individual at which forced whispered voice can first be heard.			Right ear /feet	Left ear /feet

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
RIGHT EYE	20/	20/	RIGHT EYE
LEFT EYE	20/	20/	LEFT EYE
BOTH EYES	20/	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? **OYES ONO**

Application meets visual acuity requirement only when wearing:

O Corrective Lenses

Monocular vision **OYES ONO**

Clinical Evaluation

Normal	Abnormal	(Check each item in the appropriate column)
		Mouth, teeth
		Ears, nose, throat
		Eyes
		Lungs, check
		Heart, blood vessels
		Abdomen
		Extremities
		Back, spine (musculoskeletal)
		Skin, lymph nodes, tumors
		Hernia
		Deformities or scars
		Neurological
		Varicose veins

Laboratory Evaluation

DIP Urinalysis

Spec. Gravity	
Blood	
Protein	
Sugar	

Note: Doctor, please comment on all abnormalities and positive answers on history in the space below.

Guide for Evaluation of Pre-Employment Examination

Please select from the following classifications

A. NO RESTRICTIVE CONDITIONS NOTED-EMPLOYABLE

B. NO RESTRICTIVE CONDITIONS NOTED EXCEPT THAT IT IS RECOMMENDED THAT SPECIFIC CONDITIONS NOTED BELOW BE CORRECTED. ABNORMALITIES MUST BE CORRECTED, THEN EMPLOYABLE. *The examination reveals conditions, which if uncorrected may limit the ability of the applicant to perform certain jobs. Care should be taken to clearly identify the conditions in question.*

C. DISQUALIFIED

COMMENTS:

<u>Physician's Name(Please print)</u>	<u>Physician's Address</u>
	Pinnacle Medical Management Corp.
<u>Physician's Signature</u>	654 N. Sam Houston Pkwy E. Ste. 189
	Houston, Texas 77060