



BOLIVAR COUNTY COMMUNITY ACTION AGENCY, INC
BOLIVAR COUNTY EARLY HEAD START/ HEAD START PROGRAM
810 East Sunflower Road, Suite 120
Cleveland, Mississippi 38732
Employee Physical Examination Form



Name _____ Age ____ M ____ F ____ Martial Status ____ S ____ M ____ D
 Address _____ Position/Pay Number _____
 _____ Date of Birth _____

List past medical condition: _____
 List present medical condition: _____
 Have you ever been hospitalized? Explain _____
 Sleep Apnea Yes or No Narcolepsy Yes or No Diabetic Yes or No Type _____

I certify that the above questions have been answered to the best of my knowledge.

 Signature _____ Date _____

FOR DOCTORS USE ONLY

Height _____ Weight _____ Blood Pressure _____ Pulse _____ Temperature _____

General Appearance _____

Eyes: Pupils _____ Vision: _____ R _____ L Ears: _____ R _____ L
 (Reaction) Near _____
 Distance _____

Tonsils _____ Nose _____ Thorax _____ Heart _____ Lungs _____

Abdomen _____ Hernia _____

Extremities _____

Urine: S.P. _____ Alb. _____ Protein _____ Glucose _____ Color _____ Sediment _____

Is this person physically able to hold this position stated above? _____ Yes _____ No

Tuberculosis (tb) Date given _____ Date Read _____ Results _____

CXR Date: _____

Recommendations: _____

Revised 07/22/19

M.D. _____ DATE _____