

Ph: 505-731-2272

Fax: 505-731-2252

www.naneelzhiin.org

Principal: Kenneth Toledo



Frankie C. Willetto, Jr. – President

Elsa F. Otero – Vice President

Richelle Montoya – Secretary

Vacant – Member

## PHYSICAL EXAMINATION FORM FOR EMPLOYMENT

### Part A. Applicant or Employee

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Census #: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: Male Female

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any medical disorder or physical impairments which would interfere in any way with the full performance of the duties you applied for at Na' Neelzhiin Ji Olta, Inc.?

I certify all information given me in connection with this examination is correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part B. Examining Physician

1. Height: \_\_\_\_\_ 2. Weight: \_\_\_\_\_ 3. B/P: \_\_\_\_\_ 4. Pulse: \_\_\_\_\_

5. Eyes:

A. Distant Vision: without glasses: RIGHT: 20/ LEFT: 20/

B. Distant Vision: with glasses: RIGHT: 20/ LEFT: 20/

C. Color Vision: Is color vision normal: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If not, can applicant pass lantern, yard or other comparable test?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

6. Ears: Consider denominators indicated here as normal. Record as numerators the greatest distance heard.

A. Ordinary conversation: RIGHT:    /20 ft. LEFT:    /20 ft.

B. Audiometer:

250	500	1000	2000	3000	4000	5000	6000	7000

7. Immunizations: \_\_\_\_\_

8. Other Findings: In the next set of items briefly describe any abnormalities (including diseases, scars, and disfigurations.) Include brief history, if pertinent. If normal, so indicate.

A. Eyes, ears, nose and throat (include teeth and oral hygiene)

B. Head (include face, hair and scalp)

C. Speech (note any malfunction)

D. Skin and lymph nodes (include thyroid gland)

E. Abdomen and back

F. Peripheral blood vessels

G. Extremities

H. Respiratory

HCR 79 Box 9 Cuba, NM 87013

# NA' NEELZHIIN JI OLTA, INC.

## EXECUTIVE BOARD

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### Part C. Laboratory Tests

A. Urinalysis:                      Sugar: \_\_\_\_\_                      Albumen: \_\_\_\_\_

B. Stool Culture (Cafeteria Staff ONLY):                      Normal: \_\_\_\_\_                      Abnormal: \_\_\_\_\_

### Part D. Conclusions

Summarize below any medical findings which, in your opinion, would limit this person's performance of job duties in a school environment requiring moderate lifting, pushing, reaching above shoulder, use of fingers, walking, standing, kneeling, repeated bending, ability for rapid mental and muscular coordination simultaneously, depth, depth depth perception, ability to distinguish basic colors, shades of colors, hearing (aide permitted.)

Moreover, consider these environmental factors requiring this applicant to be outdoors/indoors, in excessive heat/cold, in excessive noise, dust, slippery or uneven walking surfaces, working around moving objects or vehicles, working on ladders or scaffolding, working below ground, working with hands in water, vibration, working closely with others, working alone, and irregular hours of work.

### Part E. Certification

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_