

NAME: _____ DATE OF BIRTH: _____

AGENCY NAME: _____

SIGNATURE: _____ DATE: _____

(I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE AGENCY LISTED ABOVE)

BACK PROBLEMS	YES	NO	CANCER	YES	NO	HIGH BLOOD PRESSURE	YES	NO
PARALYSIS	YES	NO	HEPATITIS	YES	NO	ANKLE SWELLING	YES	NO
MIGRAINES	YES	NO	DIABETES	YES	NO	ALLERGIES	YES	NO
DIZZINESS	YES	NO	SEIZURES	YES	NO	ALCOHOL ABUSE	YES	NO
FAINTING	YES	NO	TUBERCULOSIS	YES	NO	DRUG ABUSE	YES	NO

•Explain any yes answers and list any other medical conditions which you are being treated for:

•List all medications which you have taken over the past 14 days:

Ht		Wt		BMI		Blood Pressure	
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EENT: _____ NECK: _____ SKIN: _____

HEART: _____ LUNGS: _____ ABD: _____

NEURO: _____ BACK: _____ EXT: _____

	DATE	DATE	DATE		TITER	DATE	IMMUNE	
HEPATITIS B							YES	NO
Td/Tdap							YES	NO
MMR							YES	NO
Rubella							YES	NO
Rubeola							YES	NO
Mumps							YES	NO
Varicella							YES	NO
PPD-Tuberculosis test	placed		read		Neg: 0 mm	Pos: mm		
2 nd step PPD	placed		read		Neg: 0 mm	Pos: mm		
Chest x-ray			Result:	Normal		Needs follow up		
Urine Toxicology			Results:	negative		positive		

I have examined the above named patient and find him/her to have the following limitations:

	Without Limitations		With Limitations (see below)		May Not Work (see below)
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___ This patient has a past history of positive PPD/tuberculosis test and a chest x-ray showing no active tuberculosis. They presently demonstrate no signs or symptoms of active tuberculosis. They do not require another chest x-ray at this time and may work without limitations.

___ This patient at present demonstrates no signs or symptoms of drugs or alcohol abuse and may work.

Nu Image Medical Associates, LLP

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Physician signature: _____ Date: _____