

**MAURY COUNTY PUBLIC SCHOOLS  
COLUMBIA, TN**

**REPORT OF MEDICAL EXAMINATION**

*(To be completed by a licensed physician)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

NORMAL	CHECK EACH ITEM IN APPROPRIATE COLUMN (Enter NE if not evaluated)	ABNORMAL	NOTES: Describe every abnormality in detail; enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.
	1. Appearance (General)		
	2. Head, face, neck and scalp		
	3. Nose		
	4. Sinuses		
	5. Mouth and throat		
	6. Skin		
	7. Identifying body marks, scars		
	8. Eyes, General (visual acuity under items 25 & 26)		
	9. Lungs and chests (including breasts)		
	10. Heart		
	11. Circulatory system		
	12. Abdomen and viscera (including hernia)		
	13. Anus & rectum (hemorrhoids and prostate)		
	14. Endocrine system		
	15. G-U system		
	16. Pelvic		
	17. Upper & lower extremities		
	18. Spine, other musculoskeletal		
	19. Neurologic		
	20. Psychiatric		

21. Measurements: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ 22. Build: Medium \_\_\_\_\_ Slender \_\_\_\_\_ Heavy \_\_\_\_\_

23. Temperature: \_\_\_\_\_ 24. Hearing: Right Ear: \_\_\_\_\_ Left Ear: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

25. Vision: Correction (Snellen) R 20/\_\_\_\_ L 20/\_\_\_\_  
Non-corrected R 20/\_\_\_\_ L 20/\_\_\_\_ 26. Color Vision: \_\_\_\_\_

27. Blood Pressure: \_\_\_\_\_ 28. Resting Pulse: \_\_\_\_\_

29. Condition of Teeth and defects to be corrected: \_\_\_\_\_ Good Repair \_\_\_\_\_

31. Lungs: A. TB Skin Test: 5TU \_\_\_\_\_ 1TU \_\_\_\_\_ Results: Positive \_\_\_\_\_ Negative \_\_\_\_\_

If positive, a chest x-ray must be performed. Results of chest x-ray: \_\_\_\_\_

(NOTE: Chest x-ray must have been performed within the last year.)

B. Other physical findings: \_\_\_\_\_

32. Diagnosis: \_\_\_\_\_

33. Comments on history and possible prognosis on any positive findings: \_\_\_\_\_

34. MEDICAL EXAMINER'S DECLARATION: I hereby certify that I personally examined the above named individual on this medical examination report, and that this report and any attachment embodies my findings completely and correctly.

Date Reviewed and Signed: \_\_\_\_\_ Medical Examiner's Signature: \_\_\_\_\_

Print or Type the Name of the Medical Examiner: \_\_\_\_\_

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

Medical Examiner's Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

**RETURN TO: PERSONNEL DEPT., MAURY COUNTY PUBLIC SCHOOLS, 501 WEST 8<sup>th</sup> STREET, COLUMBIA, TN 38401  
WITHIN 30 DAYS OF EMPLOYMENT**