



Physical Examination Report

To be completed by physician. Please type or print.

Name of Applicant _____

Height _____ Weight _____

Remarks _____

Hearing _____ Hearing aid necessary? _____

Vision: Right _____ Left _____ With correction: Right _____ Left _____

Mouth: Teeth _____ Date of last dental examination _____

Urinalysis _____

DT Booster (within 5 years) Date given _____

Tuberculin Skin Test within six months of date of this exam (circle test done)

Tine Test, PPD, Mantoux, Other _____

Results _____ Date _____

Circle any abnormality:

Eyes Ears Nose Throat Sinuses Thyroid Chest Breasts Heart Lungs

Abdomen Lymph Nodes Reflexes Back

Explanatory Remarks: _____

Any allergies, dietary restrictions? _____

Indicate any medications taken including recurrent non-prescriptive: _____

Any significant past medical problems? _____

Disabilities? _____

Any present medical problems? _____

Disabilities? _____

Explain any history of alcohol or drug abuse: _____

Are there any reasons why this person could not participate in the work of the Good Shepherd Volunteers or would have to modify his/her activities?

Are you the applicant's regular physician? _____
For how long? _____

Signature _____
(Please use name stamp or include RX with your signature).

Address _____

City State Zip

Telephone _____

E-Mail _____

Please mail or email application materials to:

Good Shepherd Volunteers
25-30 21st Ave.
Astoria, NY 11105
Phone: 718-943-7488
Email: gsv@gsvolunteers.org