



Inland Urgent Care

Wildomar
951-600-0110 phone
951-600-1489 fax

Temecula
951-303-6440 phone
951-303-6449 fax

Menifee
951-246-3033 phone
951-246-7373 fax

Canyon Hills
951-244-2224 phone
951-244-1244 fax

"Keeping the Valley at WORK"

PRE-EMPLOYMENT PHYSICAL

NAME _____ DATE _____

COMPANY _____ POSITION _____

HEIGHT _____ WEIGHT _____ SEX _____ DOB _____ RIGHT HANDED/LEFT HANDED

URINALYSIS PROTEIN _____ GLUCOSE _____ PH _____

VITAL SIGNS B/P _____ TEMP _____ PULSE _____ RESP. _____

VISION UNCORRECTED R20/____L20/____ B20/____ CORRECTED R20/____L20/____B20/____

GLASSES/CONTACTS

	NORMAL	ABNORMAL	<u>REMARKS</u>
A. HEAD	_____	_____	
B. ENT	_____	_____	
C. NECK	_____	_____	
D. CHEST	_____	_____	
E. HEART	_____	_____	
F. LUNGS	_____	_____	
G. ABDOMEN (HERNIA)	_____	_____	
H. NEUROLOGICAL	_____	_____	
I. VASCULAR	_____	_____	
J. SPINE	_____	_____	
K. EXTREMITIES	_____	_____	
L. SKIN	_____	_____	
M. LYMPH GLANDS	_____	_____	

PHYSICIANS SUMMARY

	WAIVED	NORMAL	ABNORMAL	COMMENTS
VISION	_____	_____	_____	___ Cleared for work without
URINE	_____	_____	_____	Restrictions
PULMONARY	_____	_____	_____	___ Not cleared for work due
EXAM	_____	_____	_____	to the following:
HEARING	_____	_____	_____	_____
COLOR VISION	_____	_____	_____	_____
TB TEST	_____	_____	_____	X _____ PA/NP/MD/DO

Medical History (Historia Medica)

The following information is required to assist us in determining each employee's condition of health. Answer the question carefully by placing an "X" in the "Yes" or "No" boxes.

Please check and describe under remarks all "YES" answers. Give the item number with the answer.

La siguiente informaciones necesaria para ayudamos a determinar la condicion fisica de cada empleado. Conteste las pregunta con mucho cuidado una X en la respuesta correcta.

Por favor marque la respuesta correcta Si la repusta es "Si" describa detalles abajo pongael numera de la pregunta.

Have you ever had? Ha Sufido De?	Yes Si	No No	Year Año	Have you ever had? Ha Sufido De?	Yes Si	No No	Year Año
1. Head injury, skull fracture <i>Fractura craneal o heridas an la cabeza</i>				18. Gallstones <i>Calcula billiar</i>			
2. Stroke or Paralysis <i>Derrame cerebral o Paralisis</i>				19. Liver disease <i>Enfermedad del higado</i>			
3. Dizzy or fainting spells <i>Verigos o demayos</i>				20. Yellow Jaundice <i>Ictericia</i>			
4. Mental, Brain, Nervous Trouble <i>Promblemas metals, cerebrates o nervioso</i>				21. Blood in stools <i>Sangre en extremo</i>			
5. Fits, Epilepsy, Convulsions <i>Araques, Equilepsia, o Convulsiones</i>				22. Drug Addiction <i>Adicto a drogas</i>			
6. Asthma , Hay Fever, Allergy <i>Asma, Alergias</i>				23. Alcoholism <i>Alcoholismo</i>			
7. Color Blindness <i>Cequere de colore</i>				24. Kidney Trouble , Stones <i>Entermedad del rion o calculos</i>			
8. Ear Trouble, Deceased Hearing <i>Problemas con los Oidos, Sordera</i>				25. Rupture or Hernia <i>Hernia</i>			
9. Diabetes <i>Diabetes</i>				26. Varicose Veins <i>Carices</i>			
10. Tuberculosis, Spiting of blood <i>Tuberculosis, ha escupido sangre</i>				27. Rheumatism, Arthritis, Gout <i>Artritis o Reumatismo</i>			
11. Pneumonia, Pleurisy <i>Pulmonia, Pleurisia</i>				28. Deformity or amputations <i>Deformidade o Amputaciones</i>			
12. Coughing, Chest Pain <i>Tos dolor en a pecho</i>				29. Back Trouble <i>Dolor de Esoaida</i>			
13. Heart Trouble <i>Problemas cardiacos</i>				30. Fractures, Broken Bones <i>Fracturas, Huesis Rolos</i>			
14. Shortness of breath <i>Respiracion Dificultosa</i>				31. Opertations or Injuries <i>Operaciones o Heridas</i>			
15. Swelling of legs or ankles <i>Hinchazon je pienes o Tobillos</i>				32. Hospitalized for Illness or Injuries <i>Hospitalized por entermedad o heridas</i>			
16. High blood pressure <i>Presion alta</i>				33. Scars <i>Cicatrices</i>			
17. Stomach Trouble, Ulcers <i>Problemas estomacales o Ulceras</i>				34. Receiver Workman's Compensation <i>Recibido Compensacion del Gobierno o Incapacidad</i>			

FOR FEMALE PATIENTS ONLY (SOLAMENTE PARA MUJERES):

When was your last menstrual period? (Cuando tuvo su ultima regla?) Date (Fecha): _____

Are you pregnant at this time? (Esta embarazada?) () Yes/Si () No

List all medication currently taking (Liste todas las medicinas que esta tomando corrientement):

Remarks (Obsevacion):

I hereby authorize this facility to release medical information to the employer requesting this pre-employment examination (Herby autorizo esta facilidad para soltar informacion medica al empleador solicitando el examen de pre empleo):

Patient Signature (Firma): _____ Date (Fecha): _____