

ANNUAL MEDICAL EXAMINATION FORM

NAME: _____ DOB: _____

DATE OF EXAMINATION: _____ LAB WORK: (please attach, if necessary)

HEIGHT: _____ WEIGHT (optional) _____ AGE: _____

TEMPERATURE: _____ PULSE: _____ BLOOD PRESSURE: _____

VISION: NORMAL ABNORMAL HEARING: NORMAL ABNORMAL

PPD/MANTOUX 0.05ml
Date Placed _____ Date Read _____ Results _____

MMR
Date _____

VARICELLA
Date _____

DIPHTHERIA/TETANUS/PERTUSSIS
(Tetanus, every 10 years) _____ Date _____

Hepatitis B - 1st _____ 2nd _____ 3rd _____
Sign if declined

Influenza Immunization _____
Date _____ Sign if declined

DO YOU HAVE ANY ALLERGIES? _____

Based on the health history provided, physical examination and/or laboratory tests performed, this patient is permitted to work in the health care field without restriction.

Physician Signature

License Number

Date
casey8.08

Stamp or print information

Telephone Number

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RECOMMENDED VACCINES DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been requested to be vaccinated with Hepatitis B vaccine.

I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series.

I have refused the following vaccines:

- Hepatitis B vaccine
- Tetanus Immunization
- Diphtheria
- Pertussis
- Varicella
- Influenza

Therapist Signature: _____ **Date** _____

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TO: O'BRIEN SPEECH, LANGUAGE & LEARNING, PLLC.

FROM: _____

(Provider Name)

RE: *Signatures on Evaluations and Reports*

Since it is not possible for me to sign the reports and evaluations that I transmitted to O'Brien Speech Language & Learning, PLLC via email, I give permission for staff at O'Brien Speech Language & Learning, PLLC to sign my name and initial the signature.

Date

Signature of Service Provider

Title