

South East Consortium for International Development (SECID)

STATEMENT OF PHYSICAL CONDITION

 Employee & Dependent(s)

 Employee Only

Name of Employee _____

Current Date _____

Address of Employee _____

Type of Work Examined For _____

City _____

State _____

NAME	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH MO. DAY YR.	HEIGHT FT. IN.	WEIGHT LBS.
Employee	XXXXXXXXXX			
Dependents				

HAVE ANY OF THE ABOVE:
**ANSWER
YES/NO**
**IF ANSWER IS YES, GIVE NAMES, DATES &
DETAILS — ITEMS 1-7**

1. Been ill or injured within the past five years?		
2. Consulted a physician within the past five years?		
3. Ever been found to have albumin or sugar in urine?		
4. Ever been told they had high blood pressure, T.B., heart trouble, diabetes, or pulmonary problem?		
5. Ever applied for personal insurance which was not issued as applied for in kind, amount or rate?		
6. Had any Life or Health Insurance cancelled or renewal refused?		
7. Ever undergone surgical operation?		
8. Been advised to have any surgical operation not mentioned in #7?		If yes, give nature & expected surgery date
9. Are you (if female) or is your wife now pregnant?		
10. Are all of the above in good health?		If No, give explanation.

Dated at (City & State) _____ this _____ day of _____, 19____

 Mr. _____
 Mrs. _____
 Miss. _____
Signature of Employee

Witness

Supervisor

FOR DOCTORS USE ONLY
EMPLOYEE ONLY — PHYSICAL EXAMINATION

Height _____ Weight _____ Temperature _____

Build: Slender _____ Medium _____ Heavy _____ Obese _____

Eyes: Right _____ Left _____ With glasses if worn: Right _____ Left _____

Color Perception _____

Ears: Right _____ Left _____ Evidence of disease or injury: Right _____ Left _____
(20 ft.) (20 ft.)

(Consider denominators indicated here as normal. Record as numerators the greatest distance heard.)

HEART:

Blood Press: Systolic _____ Diastolic _____ Pulse _____ Any history of heart attack _____

LUNGS: Any restriction to breathing with a respirator Yes No

ABDOMEN:

Scars: _____

Hernia (Variety) _____

Repaired: Yes _____ No _____

Hemorrhoids: _____

KIDNEYS — Urinary findings _____

Wasserman: _____

Varicosities — State location and degree: _____

FEET:

Is flat foot present? Yes _____ No _____ If 'Yes' state degree of impairment of

Function _____
(None) (Slight) (Moderate) (Severe)

POSTURE:

Spine: _____

SKIN:

Disabling scars, eruptions, abnormalities _____

Tumors or growths:

If so is it now under observation or treatment? _____

I have examined _____ and would rate him/her:

- A. Physically fit for any job.
- B. Having remediable defects, which temporarily limit employment to certain types of work.
- C. Having static defects, which permanently limit employment to certain types of work.
- D. So handicapped as to be hazard to self and/or others.

In regard to physical fitness for the position of _____

I would classify him/her as employable, or not employable.

Date _____, 19____

Signature of Examining Physician _____