



# TEACHER PHYSICAL FORM

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(Please print)      First                      Middle                      Last

Month - Day - Year

PHONE #: (     ) \_\_\_\_\_ - \_\_\_\_\_

UIN: \_\_\_\_\_

SEX: Male / Female

## TO BE COMPLETED BY EMPLOYEE:

*To the best of your knowledge do you have or have you had any disease or disorder of the following:*

- |                                      |          |  |          |
|--------------------------------------|----------|--|----------|
| 1. Impaired health at present time?  | Yes / No | 14. Tuberculosis?                          | Yes / No |
| 2. Heart, blood or blood vessels?    | Yes / No | 15. Pleurisy, asthma or emphysema?         | Yes / No |
| 3. Rheumatic fever or heart murmur?  | Yes / No | 16. Esophagus, stomach or intestines?      | Yes / No |
| 4. Abnormal heart rate or rhythm?    | Yes / No | 17. Liver or gallbladder?                  | Yes / No |
| 5. High blood pressure?              | Yes / No | 18. Ulcer or colitis?                      | Yes / No |
| 6. Diabetes or gout?                 | Yes / No | 19. Genito-urinary system?                 | Yes / No |
| 7. Thyroid or glands?                | Yes / No | 20. Kidneys or bladder?                    | Yes / No |
| 8. Skin, muscles, bones or joints?   | Yes / No | 21. Brain or nervous system?               | Yes / No |
| 9. Arthritis?                        | Yes / No | 22. Dizziness or unconsciousness?          | Yes / No |
| 10. Eyes; uncorrected visual defect? | Yes / No | 23. Mental illness, epilepsy or paralysis? | Yes / No |
| 11. Ears; impaired hearing?          | Yes / No | 24. Encephalitis or neuritis?              | Yes / No |
| 12. Cancer or tumor?                 | Yes / No | 25. Alcoholism or drug use?                | Yes / No |
| 13. Lungs or bronchi?                | Yes / No | 26. Taking any medications?                | Yes / No |

**LISTING BY NUMBER, DESCRIBE BELOW ALL QUESTIONS ANSWERED "YES":**

Question Number	Pertinent history to include dates, severity and outcome

