KANELAND COMMUNITY UNIT SCHOOL DISTRICT NO. 302
47W326 Keslinger Road, Maple Park, IL 60151
Employee Health Exam Record

Name _____ Address_____
Last First M.I. _____
Married _____ Single_____ Sex_____ Age_____

Height _____ Weight_____ Color of Eyes_____ Color of Hair_____

Report of Physical Examination

1. General Physical Condition:_____

2. Vision Right: (Near_____) (Distance_____) Vision Left: (Near_____) (Distance_____) Correctible to: Right_____ Left _____

3. Hearing: Right_____ Left_____ Nose and Throat_____

4. Vaccinations_____ Immunization: Diphtheria_____

   Teeth_____ Heart_____ Blood Pressure: Systolic_____ Diastolic_____

   Pulse_____ Temperature_____ Scalp_____ Skin_____

   Thyroid_____ Superficial Glands_____ Varicose Veins_____

5. *Respiratory System_____ Any known or suspected tuberculosis

   in home? _____ Tuberculin Test or Chest X-Ray_____ When given_____

   Result_____

6. Urinalysis_____ Reaction_____ Specific Gravity_____

   Albumen_____ Sugar_____ Pus_____ Blood_____ Casts_____

7. Summary of Defects_____

   _____

I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of such examination.

Date of Examination_____ Signed_____

Printed/Typed Name_____

Address_____

City/State/Zip_____