

TEACHER MEDICAL

Pacific Union Conference

Only designated staff will have access to the completed form. This form will be stored in a locked file.

Date _____

Last Name	First	Middle
Street Address	City	State Zip
Telephone () _____	Physician's Name _____	
Physician's Address _____		

1. SOCIAL SECURITY NUMBER
_____ - _____ - _____
2. DATE OF BIRTH
Mo. _____ Day _____ Yr. _____
3. SEX M () F ()
4. HEIGHT
(without shoes) _____ Ft. _____ in.
5. WEIGHT _____ lbs.
6. BODY FRAME Sm. _____ Med. _____ Lg. _____
7. BLOOD PRESSURE _____ / _____
8. MEN PROCTO TEST
Normal _____ Abnormal _____
9. WOMEN PAP Normal _____ Abnormal _____
10. GLUCOSE _____ mg/DL
11. CHOLESTEROL _____ mg/DL
12. HIGH DENSITY LIPOPROTEIN _____ mg/DL

13. LOW DENSITY LIPOPROTEIN _____ mg/DL
14. HEARING
25dB at 100 Hertz R _____ L _____
25dB at 2000 Hertz R _____ L _____
25dB at 4000 Hertz R _____ L _____
15. VISION
Far R _____ L _____
Near R _____ L _____
16. TB SKIN TEST
Positive _____ Negative _____
17. CHEST X-RAY
Normal _____ Abnormal _____

If physician can verify that employee is free of tuberculous by using a skin test, a chest x-ray is not necessary.

PHYSICIAN'S COMMENTS _____

Physician's Signature: _____

This completed medical form is to be returned to:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Superintendent of Schools
Arizona Conference
13405 N. Scottsdale Road
P.O. Box 12340
Scottsdale, AZ 85267 | <input type="checkbox"/> Superintendent of Schools
Central Calif. Conference
2820 Willow Avenue
P O Box 770
Clovis CA 93613 | <input type="checkbox"/> Superintendent of Schools
Hawaii Conference
2728 Pali Highway
Honolulu, HI 96817 | <input type="checkbox"/> Superintendent of Schools
Nevada-Utah Conference
1095 E. Taylor
P.O. Box 10730
Reno NV 89510 |
| <input type="checkbox"/> Superintendent of Schools
Northern Calif. Conference
401 Taylor Blvd.
P O Box 23165
Pleasant Hill CA 94523 | <input type="checkbox"/> Superintendent of Schools
Southeastern Calif. Conference
11330 Pierce Street
P.O. Box 8050
Riverside CA 92515 | <input type="checkbox"/> Superintendent of Schools
Southern Calif. Conference
1535 E. Chevy Chase Drive
P.O. Box 969
Glendale CA 91209 | |