



Eastern Camden County Regional School District

Robert S. Cloutier, J.D.
Superintendent
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Box 2500
Voorhees, New Jersey 08043
856.346.6740 FAX: 856.346.8388

TO: Medical Examiner OR District Physician:
Dr. David R. Hassman
175 Cross Keys Road, Suite 300-A
Berlin, NJ 08009
856-767-0077

FROM: Office of the Superintendent

SUBJECT: Pre-Employment Physical Examination

You are hereby authorized to conduct a pre-employment physical examination for the individual presented on the attached physical examination form.

A handwritten signature in black ink that reads "RS Cloutier".

Signature



EASTERN CAMDEN COUNTY REGIONAL SCHOOL DISTRICT

PRE-EMPLOYMENT PHYSICAL

(the information on this page is to be completed by the employee)

PERSONAL DATA:

Name (Last, First, MI):		
Address:		
Telephone:	DOB: / /	Age:

MEDICAL HISTORY: Do you now have, or have you ever had, any of the following:

	Yes	No		Yes	No
Allergies			Fractures		
Asthma/Emphysema			Mental Illness		
Back Injury			Operations/Surgery		
Diabetes			Seizures		
Headaches			Tuberculosis		
Heart Disease			Other Serious Illness/Injury		
Hearing Loss					

If YES to any of the above, please provide an explanation below:

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Current Medications:

Prescriptions/RX:

Prescribing Physician Name & Phone Number:



EASTERN CAMDEN COUNTY REGIONAL SCHOOL DISTRICT

PHYSICAL EXAMINATION
(to be completed by medical examiner)

Name: _____	Date: _____
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Height	Weight	Blood Pressure	Eyes O.S.	Eyes O.D.

	Normal	Abnormal	Remarks
Ears			
Nose			
Throat			
Neck			
Heart			
Lungs			
Abdomen			
Skin			
Musculoskeletal			
Neurological			

Comments:

Restrictions:

Kindly certify that _____ is physically capable of performing all work required for their position. (name)

Signature: _____ Date: _____
(Medical Examiner)