



Self-Report of Physical

Employee Name: _____ Date of Birth: _____

1. Has any doctor ever restricted your activities? No Yes, explain: _____

Were the restrictions: Permanent Temporary

Are your activities currently restricted? No Yes, explain medical condition for restrictions:

2. Has a doctor recommended a surgical procedure, which has not been completed prior to this?

No Yes, please provide: Date scheduled: _____

Doctor Name: _____ Phone : _____

Recommended surgery: _____

3. Have you had any surgical procedures in the last year? No Yes, explain: _____

4. Past Medical and Surgical History: (Please list most recent first)

Surgery	Year	Hospitalization	Year

5. Allergies? No Yes, explain:

Allergy	Reaction

6. Please list any medications that you are taking:

Medication/Supplement	Dose	Taken how often	Prescribing Physician	Condition being treated

My signature below indicates that I am in good physical health, free of any communicable diseases, and able to function at full capacity. If my condition changes, it is my responsibility to notify Advantage Medical Professionals of the change. I understand that falsification, omission or misrepresentation of my physical health and abilities will be grounds for dismissal. I also authorize Advantage Medical Professionals to release this information to client facilities as needed relative to my employment.

Employee Signature and date: _____