



# StaffQuest, Inc.

## Pre-Employment Physical

Name \_\_\_\_\_ Skill \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Recent exposure to any communicable diseases Yes No

Your present health: Excellent Good Fair Poor

Any history work related injuries

Date \_\_\_\_\_ Nature of injury, treatment and results \_\_\_\_\_

Name of employer \_\_\_\_\_

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Have you ever been turned down for life insurance, military service, or employment due to health Yes No

Any major injuries, operations or hospitalizations

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Any physical problems that may limit your ability to provide nursing care? Yes No

Cleared for work at StaffQuest, Inc. Yes No

My signature certifies that \_\_\_\_\_ appears to be in good mental and physical health, and is free from any communicable or contagious disease.

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**Physicians Signature**

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_