

ADDITIONAL TEST(S) REQUESTED	
Urinalysis	N/R
Pulmonary Function	N/R
Tuberculin Skin Test (TST)	N/R
EKG/Resting	N/R
EKG/Stress	N/R
Hemoglobin/Hematocrit	N/R
Chest X-Ray	N/R
Back X-Ray	N/R
Other Tests	N/R

**ASIA-PACIFIC SERVICES, Ltd.**

**MEDICAL AND PHYSICAL  
PRE-EMPLOYMENT  
EXAMINATION PROGRAM**

**Medical Findings**

**NOTE TO EXAMINING PHYSICIAN**  
The person you are about to examine is being evaluated for a field construction management position. The incumbent will be required to work 50 hours per week in a hot climate. In conducting your exam and reporting your findings and conclusions, please take the job duties into consideration.

1. Job Applicant's Name	2. SSN	3. Height (Ft., Inches)	4. Weight (pounds)
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**5. Eyes**

Depth Perception		Within Normal Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	Peripheral Vision Right Eye _____°      Left Eye _____°	
	<b>Snellen (Distant Vision)</b>		<b>Jaeger (Near Vision at 14 inches)</b>	
Without Glasses	a. Right 20/_____	Left 20/_____	Right J-_____	Left J-_____
With Glasses	c. Right 20/_____	Left 20/_____	Right J-_____	Left J-_____
e. Is color vision normal when Ishihara or other color plate test is used? <input type="checkbox"/> No <input type="checkbox"/> Yes		f. If the answer is "No" can applicant pass lantern or other compatible? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**6. Ears**      500      1000      2000

Audiometer	Right Ear			
	Left Ear			

**7. Blood Pressure/Pulse**

a. Systolic/Diastolic	b. Two additional Readings if elevated	c. Pulse
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**8. Physical Examination**

Clinical Evaluation	Normal	Abnormal	Remarks
a. Head, face, neck, and scalp			
b. Nose			
c. Mouth and Throat			
d. Ears			
e. Eyes			
f. Ophthalmoscopic			
g. Ocular motility			
h. Lungs and Chest (Breast, if indicated)			

Clinical Evaluation	Normal	Abnormal	Remarks
i. Heart			
j. Vascular system (Varicosities, etc.)			
k. Abdomen			
l. Anus and rectum (if indicated)			
m. Endocrine system			
n. Hernia (Any type)			
o. Upper extremities			
p. Feet			
q. Lower extremities			
r. Spine			
s. Identifying body marks, scars			
t. Skin, lymphatics			
u. Neurologic			
v. Mental status			

**9. Comments/Implications for Fitness for Duty**

Explain in detail any abnormality noted in history or physical examination. (Discuss medical implications for job duty assignment, if any.)

**10. Physician Signature and Address**

a. Physician's Name (Type or Print)	b. Physician Telephone	c. Address
c. Physician signature	d. Date	

**11. Employer Name and Address**

<p><b>IMPORTANT:</b> <b>Examining Physician –</b> Return all materials supplied by the prospective employee to the employer address provided.</p>	<p><b>Return to:</b> Ms. Virginia Kelly Via FAX: 852-3014-8171 Or, scan and attach to email: <a href="mailto:admin@asiapacificservices.com">admin@asiapacificservices.com</a></p>
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