



Dominion Residence of Maryland, Inc.
 Address: 4415 Nicole Drive, Ste G, Lanham, MD 20706
 Phone: 301-306-2020, Fax: 301-306-2022, Email:
 info@dominionresidence.org

Pre-Employment Physical Form

Personal Data

Name (Last, First, MI):			SSN:		
Date of Birth: / /		Age:		Ethnicity:	
Phone Numbers:	Home () -	Mobile () -	Work () -		
Address:					
(street)		(city)		(state) (zip)	
Job Title & Department:					

Current Medical Provider

Name of doctor:			Phone Number: () -		
Address:					
(street)		(city)		(state) (zip)	

Vaccination History/Communicable Diseases

Have you had:	Yes	No	Unsure
The standard series of childhood vaccinations (to the best of your knowledge)?			
The disease "chicken pox" or the chicken pox vaccine (varicella)?			
A tetanus/diphtheria booster shot within the last 10 years?			
Hepatitis B vaccination (this is a series of three injections spaced several months apart)?			
The disease "Tuberculosis"?			
A positive tuberculosis test (also called a PPD or Tine test)?			
Type of TB test _____ Date given _____ Results _____			
Vaccination against tuberculosis with BCG (this is uncommon in the United States)?			

Physical Examination

Height	Weight	BMI	Blood Pressure	Pulse	Respirations	Temperature

Vision: Glass -- Yes or No

Neck: _____

Chest/Lungs: _____

Heart: _____

Musculoskeletal: _____

Skin: _____

I _____ have examined the above person and certify that he/she is free from communicable diseases and is in satisfactory condition to work for DROM, Inc.

Practitioner signature: _____ Date: _____