

OMEGON, INC.
952-541-4738
Fax: 888-965-5128

Physical Exam- *required within thirty days of admission to Omegon (per DHS requirements). Please attach copy if done within this time.*

If a current physical is not available please have a health care provider complete the following.

NAME: _____ **Birth date:** _____

MEDICAL EXAMINATION:

WT: _____	HT: _____	Gender: _____	
BP: _____	P: _____	R: _____	T: _____
Vision: <i>corrected/uncorrected</i>			
LEFT: _____	RIGHT: _____		

PLEASE CHECK IN BOX IF NORMAL ,COMMENT ON ABNORMALITIES IN ABNORMAL BOX

PE:	Normal	Abnormal		Normal	Abnormal
Appearance			HEART:		
Affect			Rhythm		
			Murmur		
Skin			ABDOMEN:		
HEENT: Head			Organs		
Eyes			Masses		
			Hernia		
PERRLA			FEMALES:		
Ears			Pelvic (optional)		
			PAP done		
Nose			Observations		
Mouth			MALES:		
			Testicular Exam		
Throat			Musculoskeletal:		
NECK:			Neck		
Nodes			Shoulders		
Thyroid			Back		
			Hips		
LUNGS:			Legs		
BREAST (optional)			NEURO:		
Axillary Nodes					
Observations					

PRINT EXAMINERS NAME

F:\Omegon Forms\Physical Exam.doc

EXAMINER SIGNATURE

DATE

7/07

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Immunization Record

Please **attach** a copy of your immunization record with the following required immunizations included:

NAME: _____ Birth date: _____

REQUIRED IMMUNIZATIONS:

MMR (Measles, Mumps, Rubella) One dose required after 12 months of age
1. ____/____/____ 2. ____/____/____

TD (Tentanus-Diphtheria booster) One dose required within the last 10 years
1. ____/____/____

RECOMMENDED IMMUNIZATIONS:

Meningitis 1. ____/____/____

Hepatitis A 1. ____/____/____ 2. ____/____/____

Hepatitis B 1. ____/____/____ 2. ____/____/____ 3. ____/____/____

(HPV) Gardasil 1. ____/____/____ 2. ____/____/____ 3. ____/____/____

Influenza 1. ____/____/____

Varicella- Either a history of chicken pox, two doses of the vaccine given at least one month apart if immunized after age 13, or attach copy of positive varicella antibody. History of illness? YES NO

Dates of vaccinations: 1. ____/____/____ 2. ____/____/____

Tuberculin Skin test Date given: ____/____/____ Date read: ____/____/____

Results: _____ (record mm of induration; if no induration record 0)

____ Positive _____ Negative