SHORT FORM FOR PRE-EMPLOYMENT PHYSICALS

PATIENT NAME: _________________________  JOB TITLE: Licensed Practical Nurse (TB Clinic)
DEPARTMENT: Public Health       WORK SCHEDULE: 40/week
JOB DESCRIPTION: Practical nursing care as part of a health care team.
WORK ENVIRONMENT: Office
ESSENTIAL FUNCTIONS: Obtain, verify and record health history of patients, establishing and maintaining medical records. Gather pertinent health data through physical assessments and biological samples. Administer medications as directed. Transcribe medical, dental and psychiatric orders. Respond to medical emergencies. Collect specimens for laboratory analysis for specific tests. Carry out and monitor appropriate nursing care procedures. Assist other health care professionals in performing minor surgical and medical procedures. Respond to questions on patient care and pass information to health care professionals. Order and inventory supplies and materials. Operate and maintain equipment. Provide basic health information to patients and the community. Coordinate transportation of patients and appointment schedules. Assist other health care professionals in providing education to staff clients and students. Participate in the development of quality assurance activities to demonstrate compliance with standards, laws, regulations, policies and procedures. Help develop and evaluate policies, procedures, service delivery models, health services programs, the community health planning process and safety and security measures.

I have reviewed the following Job Analysis for the above-named candidate.

________________________________________     _____________
Physician’s Signature                 Date

Exposures:

- ___Outside weather
- ___Non-weather related temp below 55°
- ___Non-weather related temp above 75°
- ___Humidity/dampness
- ___Moving mechanical parts
- ___Exposed high places
- ___Vibration
- ___Toxic or caustic chemicals
- ___Confined spaces
- ___Wet
- ___Gasses
- ___Fumes
- ___Odors
- ___Dusts
- ___Mists
- ___Radiation
- ___Explosives
- ___Noise Level ___________
- ___Other_________________

Special Requirements:

☐ CDL  ☒ Respirator use

PEP JA revision#7 6/21/06