



**Participant Physical Examination**

*This form must be completed no more than 30 days before enrollment at Generations Central.*

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

\_\_\_\_\_

**Date of Exam:** \_\_\_\_\_

**Diagnosis(es) and Significant Medical Issues:**

Diagnosis/Medical Issue	Diagnostic Code

**Blood Pressure** \_\_\_\_\_ / \_\_\_\_\_ **Pulse** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Allergies**      No Known Allergies

Medication Allergies \_\_\_\_\_ Reaction \_\_\_\_\_

Food/Other Allergies \_\_\_\_\_ Reaction \_\_\_\_\_

**Special diet or food intolerance(s):**      None

\_\_\_\_\_  
\_\_\_\_\_

**Restrictions or limitations on physical activities or program participation:**      No restrictions

\_\_\_\_\_  
\_\_\_\_\_

**Is this individual considered:**

Ambulatory

Non-ambulatory     Assistive Device(s) \_\_\_\_\_





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**Is this individual:**

- Capable of administering his/her own medications without assistance.
- Not capable of administering his/her own medications without assistance.

**Is this individual:**

- Physically and mentally capable of self preservation by being able to respond to an emergency - *either by moving to a safe refuge area or exiting a building without the assistance of another person (even if he/she may require the assistance of a wheelchair, walker, cane prosthetic device or a single verbal command).*
- Not capable of self-preservation without the assistance of another person, because of a physical or mental impairment.

\*If this is a pre-admission physical exam, please attach **TB** screening form.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Printed Name

\_\_\_\_\_  
Physician Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number



**REPORT OF TB SCREENING**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

The above named individual has been evaluated by \_\_\_\_\_.  
**(Name of health dept/facility/practice)**

\_\_\_\_\_ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

\_\_\_\_\_ A tuberculin skin test (PPD) was administered on \_\_\_\_\_ and results, read on \_\_\_\_\_, were as follows:  
\_\_\_\_\_ mm \_\_\_\_\_ Negative \_\_\_\_\_ Positive.

\_\_\_\_\_ The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

\_\_\_\_\_ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

\_\_\_\_\_ The individual had a chest x-ray on \_\_\_\_\_ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

**Based on the available information, the individual can be considered free of tuberculosis in a communicable form.**

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
**(MD/designee or Health Department Official)**

Print Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_