

# SUMTER COUNTY SCHOOLS

2680 WC 476, Bushnell, FL 33513  
Phone #: 352-793-2315 X252

## PHYSICAL EXAMINATION

PS-021B  
Rev 11/12

Date : \_\_\_\_\_

**BUS DRIVER  
ONLY**

Last Name	First Name	Middle Name	Date of Birth
Address (No, Street, City, State, Zip Code)			
Telephone Number (Home)	Telephone Number (Cell)	Employment Position	

**SECTION I: Health History Review** — The following information is needed to assist the physician in determining each employees condition of health.) Please complete this section **BEFORE** examination.

1. Have you had any major illnesses or injuries in the last (5) years? If so, explain: \_\_\_\_\_
2. Do you have any disabilities or impairments which may affect your job performance? If so, explain: \_\_\_\_\_
3. Are you taking any routine medications? If so, state medication and reason: \_\_\_\_\_
4. Have you ever been treated by a psychiatrist or psychologist? If so, for what condition? If no such treatment has been received, state "None" \_\_\_\_\_
5. Have you ever been treated for drug addition or alcoholism? If yes, identify the medical care provider and dates of treatment. If no treatment has been provided, state "None" \_\_\_\_\_
6. Have you ever filed a Workers' Compensation claim? \_\_\_\_\_

Have you ever had or been treated for any of the following conditions or diseases? Mark **YES** or **NO**  
If you answer **YES** to any of the questions below, please explain treatment.

YES	NO	
		1. High blood pressure
		2. Diabetes
		3. Heart problems
		4. Chest pain
		5. Allergies
		6. Asthma / Hay fever
		7. Shortness of breath
		8. Tuberculosis
		9. Chronic cough
		10. Epilepsy
		11. Fainting spells
		12. Severe headaches / Migraines
		13. Head / Neck injury
		14. Back injury
		15. Joint injury / Broken bones
		16. Cancer
		17. Tumors
		18. Ulcers
		19. Kidney / Bladder problems
		20. Anemia
		21. Arthritis / Rheumatism
		22. Varicose veins
		23. Skin conditions
		24. Eye / Vision trouble
		25. Hearing trouble
		26. Emotional problems
		27. Any vertebral (spine) disorders

**EMPLOYEE'S STATEMENT:**

I hereby certify that the above statements are true and correct to the best of my knowledge and belief. I have included all previous existing physical ailments or conditions that could affect my job performance.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date