PHYSICAL EXAMINATIONS

BOCES requires base line physical exams be completed on each new employee and annual physicals be completed on the LPN, food service, and daycare staff. You have the option of choosing The OGH Occupational Wellness Center listed below or seeing your own Doctor. If you choose the Wellness Center listed here, there is no cost or paperwork required of you.

If you choose to see your own Doctor, BOCES will pay up to $45 towards this exam. You must present a paid receipt to your division director. The director will then submit a purchase order to Accounts Payable to process your reimbursement.

NOTICE: Female employees are entitled to examination by a female physician or may have a female present during the examination.

OLEAN GENERAL HOSPITAL OCCUPATIONAL WELLNESS CENTER – 375-7495

Please call for an appointment.

266 W. State Street, Olean, NY 14760
Monday – Thursday 7am – 5pm
(located behind Perkins Restaurant in Holiday Park)
Name: _________________________________________________________

General Appearance: _________________________________________________________________________________

Height (without shoes) _______________ Present Weight _______________ Normal Weight _______________

Skin: ____________ __________________________________________________________________________________

EYES:
General Condition R _______ L _______
Vision (without Glasses) R _______ L _______
Vision With Glasses (if applicable) R _______ L _______
Visual Acuity Test Used: ______________________________________________
Is color vision normal? _____________________________________________

EARS:
General (Otoscopic) R _______ L _______
Hearing (Audiometer testing rec.) R _______ L _______

NASOPHARYNX:
Nasal obstruction ______________ Tonsils (diseased?) ______________

MOUTH:
Teeth __________________ Oral Hygiene __________________ Malocclusion __________________

SPEECH:
Clear ______________ Coherent ______________ Impediment ______________

GLANDS:
Enlarged thyroid __________________ Enlarged lymph nodes __________________

CHEST:
Lungs (pathology?) R _______ L _______

CARDIOVASCULAR SYSTEM:
Blood Pressure _______ Pulse Rate _______ (Regular, Irregular, Tachycardia) _______

HEART: ___________________________________________________________________________________________
_________________________________________________________________________________________________

ABDOMEN: __________________________________

HERNIA: (actual or potential) ___________________________ Type (Inguinal or other) _______________________

GASTRO INTESTINAL: _______________________________________________________________________________

GENITO-URINARY: ____________________________

BONES-MUSCLES: Spine ________________ Feet ________________ Posture ________________

NERVOUS SYSTEM:
Reflexes ________________ Tremors ________________

VEINS (Varicose) Present ________________ Degree __________________
Disfiguring scars: _____________________________________________

Evidence of growths or tumors: ______________________________________________________________

Symptoms of alcoholism or drug addiction : __________________________________________________________

Estimate of emotional stability: ____________________________
__________________________________________________________________________________________

LABORATORY TEST:
URINE: sugar ________________ albumin ________________

I hereby certify that ____________________________ has been examined by me. In my opinion the above named person
is free from contagious disease and (is) (is not) physically fit to perform the duties of ____________________________.

(Please name school position)

If applicant or employee is not physically fit in your judgment, but condition can be corrected, please enter below treatment
indicated. __________________________________________________________________________________________
__________________________________________________________________________________________________

Date: ______________ Medical Examiner’s Signature: _____________________________________________________