



Occupational
Medicine
Services

Bethesda Care Arrow Springs
Phone: 513-282-7075
Fax: 513-282-7076

Bethesda Care Butler County
Phone: 513-874-3990
Fax: 513-860-5071

Bethesda Care Eastgate
Phone: 513-752-3695
Fax: 513-752-3039

Bethesda Care Norwood
Phone: 513-731-3399
Fax: 513-731-2882

Bethesda Care Queensgate
Phone: 513-241-4135
Fax: 513-241-6510

Bethesda Care Sharonville
Phone: 513-563-1505
Fax: 513-769-4776

Good Samaritan
Phone: 513-862-2875
Fax: 513-862-2860

PERIODIC MEDICAL HISTORY PHYSICAL EXAMINATION

Date: _____

Name (last, first, middle)	Social Security # / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Age
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Are you seeing a physician on a regular basis at the present time? Yes No

If yes, explain briefly: _____

List all current medications: _____

Since your last exam have you had:

- Yes No Changes in your health including changes in medication for current health problems?
- Yes No Hospitalization?
- Yes No Surgeries or other procedures?
- Yes No Health problems related to your work exposures?
- Yes No Any changes in job title/job duties?

Do you now or did you ever drink alcohol? Yes No Check type: Liquor Beer Wine
Amount per day/week/month: _____ Last alcohol: _____ Quit (date): _____

Do you now or did you ever smoke: Yes No Check type: Cigarettes Cigars Pipe
Amount per day: _____ Number of years smoked: _____ Quit (date): _____

Do you exercise on a regular basis: Yes No If yes, describe: _____

I certify that the above answers are true and complete and are aware that any material and deliberate falsification of fact on the above may be grounds for discharge.

Patient Signature: _____ Date: _____

Examiner Comments: _____