

**KENSINGTON MANAGEMENT SERVICES, INC.**  
**100 WEST LEHIGH AVE, PHILADELPHIA PA 19133**

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**ALL ITEMS MUST BE COMPLETED IN FULL BY PHYSICIAN**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **AGE** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **BLOOD PRESSURE:** \_\_\_\_\_ **PULSE** \_\_\_\_\_ **LMP** \_\_\_\_\_

I	PHYSICAL EXAM	NORMAL	ABNORMAL	COMMENTS
	Vision	<input type="checkbox"/>	<input type="checkbox"/>	
	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	
	Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	
	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	
	Neuromuscular	<input type="checkbox"/>	<input type="checkbox"/>	
	Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	
	Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	
	Orthopedic (low back)	<input type="checkbox"/>	<input type="checkbox"/>	

**Result of Hepatitis screening: (Optional for work in MH Adult Residential - LTSR programs only)**

Positive  Negative Date of Test: \_\_\_\_\_

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**II. TUBERCULOSIS SCREENING - MANTOUX TEST - PPD - REQUIRED BY STATE REGULATIONS**

DATE PPD GIVEN: \_\_\_\_\_ Date PPD read: \_\_\_\_\_

PPD RESULTS: Positive  Negative

PPD results read by: \_\_\_\_\_ Title: \_\_\_\_\_

**\*positive test results require a chest x-ray**

CHEST X-RAY RESULTS:

POSITIVE  NEGATIVE  ASYMPTOMATIC HISTORY  X-RAY DATE: \_\_\_\_\_

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**NOTE: PLEASE USE COMMENT SECTION TO EXPLAIN NO ANSWERS BELOW**

**III. Does this individual have any special medical condition which might interfere with the health of the clients/residents or which might prohibit the individual from performing the functions of the position for which they were hired?**

YES  NO  Comments: \_\_\_\_\_

**Is Individual free of communicable disease?**

YES  NO  Comments: \_\_\_\_\_

**Is Individual clear for work?**

YES  NO  Comments: \_\_\_\_\_

\_\_\_\_\_  
**Provider/Physician's Name (printed)**

\_\_\_\_\_  
**Provider/Physician's Signature**

\_\_\_\_\_  
**Provider/Physician's License #**

\_\_\_\_\_  
**Telephone Number**

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