



ATLANTIC CHARTER

INSURANCE COMPANY

25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

PRE-PLACEMENT PHYSICAL

I. To be completed by applicant.

Name: _____ Date of Birth: _____ Date of Exam: _____

APPLICANT: Have you had any of the following ? (Please circle). Please explain any "yes" answers below.

Operations	yes	no	Fractures	yes	no	Shoulder/Elbow problems	yes	no
Hernia	yes	no	Other Injury	yes	no	Wrist/Hand Problems	yes	no
Tuberculosis	yes	no	Heart Trouble	yes	no	Knee Problems	yes	no
Fainting Spells	yes	no	Epilepsy	yes	no	Mental Disease	yes	no
Rheumatism	yes	no	Asthma	yes	no	Skin Disease	yes	no
Back Injury/Pain	yes	no	Diabetes	yes	no	Presently taking medication	yes	no
Arthritis	yes	no	Head injury	yes	no	Ankle/Foot problems	yes	no
Neck Problems	yes	no	Vascular Condition	yes	no			

Please explain "yes" answers in detail: _____

I have read the above and declare that I have had no injury, illness or ailment other than as specifically herein noted. Any falsification or misrepresentation will be sufficient grounds for my release from employment.

Signature of Applicant: _____ Date: _____

II. To be completed by Physician.

Back (Scar, scoliosis, mobility, osteoporosis) _____

Neck (Scar, mobility) _____

Shoulder (Scar, Mobility) _____

Elbow, Wrist, Hands, (Scar, Mobility, Tendonitis, Carpal Tunnel) _____

Knees, Ankle (Scar, Mobility, Abnormality) _____

Eyes, Skin, Heart _____

Lungs, Abdomen _____

Hernia, Diabetes _____

Blood Pressure _____

Weight: _____ Height: _____ T. _____ P. _____ R. _____

III. Only this portion should be detached and returned to (Employer Name): _____

I've reviewed the attached job description and assign (appl. name) _____ the following medical rating.

Employment medical rating (Circle one) A B C

A. Can perform essential functions of job: _____

B. Cannot perform essential functions of job: _____

C. Can perform w/ following restrictions: _____

Please check off applicable boxes

Lifting Limited to:	Carrying Limited to:	Push/Pull Limited to:	Position Limitation:
1-5 lbs.	1-5 lbs.	1-5 lbs.	No Exposure to Vibrating Tools
6-10 lbs.	6-10 lbs.	6-10 lbs.	No Repetitive Finger Motion
11-25 lbs.	11-25 lbs.	11-25 lbs.	No Repetitive Wrist Motion
26-40 lbs.	26-40 lbs.	26-40 lbs.	No Reaching Above Shoulders
41-75 lbs.	41-75 lbs.	41-75 lbs.	No Reaching Below Waist
			Avoid Extremes of Neck
			No Driving

Comments: _____

Date: _____

Examining Physician: _____