

Open Air Campaigners Medical Form

Applicant's Name: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Date of examination: _____ HEIGHT: _____ WEIGHT: _____

(Must be within the past six months)

B.P. _____ DT _____

(Within 8 yrs.)

NORMAL

ABNORMAL

OMITTED

_____. . . VISION
_____. . . HEARING
_____. . . LUNGS
_____. . . HEART
_____. . . ABDOMEN
_____. . . BONES AND MUSCLES
_____. . . SKIN
_____. . . PSYCHIATRIC

DIAGNOSES: _____

This applicant may be involved in driving a vehicle, lifting items weighing 50 lbs., standing outdoors in hot or cold weather for long intervals, and have irregular meals. In your opinion, does this person have any physical or mental limitations which would hinder him / her from this type of work under these conditions? _____

DAILY MEDICATIONS: _____

WHAT LIMITATIONS IN ACTIVITY? _____

DOES THE APPLICANT APPEAR TO USE TOBACCO, ALCOHOL, OR ANY TYPE OF ADDICTIVE DRUG? _____

Date of Signature: _____

Physician's Signature

Physician's Name: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Return to:

bob.ewerth@oaci.org

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Questions? Contact Bob Ewerth at: 215.376.0165 or at his email address above.