Employee Medical Examination Findings California State University, Long Beach

Occupational Health Program

This form is to be sent	to the	e employee by the examining physician.
Employee Name		Date of Exam
Home Address		
Recently you had a me	edical examinat	tion in our office. The results of this examination follow:
Medical History:	Normal	Abnormal
Physical examination	ı: Normal 🗌	Abnormal
Audiogram:	Normal□	Abnormal
Chest X-Ray: No activ	⁄e disease⊡ N	lormal☐ Abnormal☐ Not indicated☐
Breathing tests:	Norn	nal Abnormal
Laboratory tests:	Normal□	Abnormal
EKG:	Normal□	Abnormal
Other comments:		
☐ Your examinat	ion was norma	ıl.
		ve should be followed up with your personal physician. d will be furnished upon your signed request.
	al protective eq	ve have resulted in restrictions in your work duties or in your uipment as described in the accompanying Medical
If you have any q	uestions, please	do not hesitate to call me.
Name of physician	Printed name	Signature of Physician
Address	. Timod Hamie	Date