CITY OF WILLISTON

GENERAL MEDICAL EXAMINATION REPORT

THIS REPORT IS
CONFIDENTIAL

FULL NAME________________________ PHONE______________ DOB__________

ADDRESS________________________

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Return Completed Form to:
City of Williston/Attention__________
PO Drawer 160
Williston, Florida 32696

BRIEF MEDICAL HISTORY:

HEIGHT__________ WEIGHT__________ TEMP__________ PULSE__________ BLOOD PRESSURE__________

Check If Normal		COMMENT: Abnormal Only, By Number
1. Appearance		
2. Skin		
3. Head/Neck		
4. Eyes		
5. Visual Acuity (R&L)		
6. Ears		
7. Nose/Throat		
8. Mouth, Teeth, Gums		
9. Chest/Lungs		
10. Heart		
11. Abdomen		
12. Hernia		
13. Genitals (Visual)		
14. Musculoskeletal		
15. Neurological		
16. Behavior/Mood		
17. Handicap,Physical/Otherwise		
18. Activity Restrictions		
19. Other		

LABORATORY/URINE DRUG SCREEN:

X-RAY/LUMBOSACRAL SPINE:

EXAMINING PHYSICIAN________________________ DATE________________

PALMS MEDICAL GROUP
630 NORTH MAIN STREET
WILLISTON, FLORIDA 32696
(352) 528-0587

Authorization for Treatment

City of Williston
50 NW Main Street
Williston, Florida 32696
(352) 528-3060

Today's Date: ____________________

____________________________________ **_______________**
(Employee's Name) **(Date of Birth)**

Pre-employment Physicals: - DRUG SCREEN (ALWAYS)
______ Type I – Basic physical exam _________Administration
______ Type II _____Police Officer _____Firefighter _____ Laborer (Full physical exam including Lumbar Spine X-ray)

Workers Comp:

Date of Injury ___________________ Body Part (s) _____________________________

_____ Drug Screen (Always)

Workers Comp Ins.: PGIT/JLT
Insurance Services Company
P O Box 958456
Lake Mary, FL 32796

Phone: 1-800-275-4626
Claims: Claims: 1-800-237-6617

Authorized By: ________________________