NewYork-Presbyterian

WITH WORLD-CLASS DOCTORS FROM COLUMBIA Weill Cornell Medicine

PREPLACEMENT HISTORY and PHYSICAL EXAMINATION (OUTSIDE PROVIDER FORM)

To be completed and signed by an MD, NP, or PA; examination must be within 12 months of the start date

Name:	Date of birth:	Exam date:
Job title / Position:	Department / campus / location:	

Medical History

Past Medical History (include dates of dx and managing provider):
Surgical History/Hospitalizations (include dates):
Mental Health History (include dates of dx and managing provider):
Medications (include prescriptions, OTC, vitamins/supplements):
Allergies (include agent/type of reaction):
Social History (tob/alcohol/recreational drugs):
Occupational History (include previous work injuries/dates):
Review of Systems (10 or 12-point ROS): WNL ☐ Abnormal ☐

Name:	Date of birth:

Physical Examination: Vital signs and vision screening

Height:	Weight:	Blood pressure:	Pulse:	Temperature:
ft in	lbs	/ mmHg	bpm	°F

Visual acuity without correction			With correction		
R:	L:	Both:	R:	L:	Both:

Color vision (Ishihara 14-plate):	Amsler Grid Test (if working with lasers):
____ plates correct / _____ total plates Pass ☐ Fail ☐ Not tested ☐	R:_____ Normal ☐ Abnormal ☐ L:_____ Normal ☐ Abnormal ☐

Physical examination:

System	Normal	Abnormal	Comments / findings
General appearance / nutrition	☐	☐	
Skin	☐	☐	
Eyes / pupils / fundi	☐	☐	
Ears / conversational hearing	☐	☐	
Nose / sinuses	☐	☐	
Mouth / throat / dentition	☐	☐	
Neck / thyroid / lymph nodes	☐	☐	
Lungs / chest	☐	☐	
Heart / vascular	☐	☐	
Abdomen / inguinal	☐	☐	
Extremities / joints	☐	☐	
Spine / back / range of motion	☐	☐	
Neurologic / gait	☐	☐	
Psychiatric / Mental Status	☐	☐	

Name:	Date of birth:

Clinical assessment/Impression:

I have reviewed the medical history (including medical/psychiatric diagnoses, occupational injuries, medications, allergies and other history) as provided by the candidate.

I have performed a physical exam as per above on this preplacement candidate.

I have determined the following:

☐ Candidate is not on medications/substances that would affect his/her ability to perform essential job functions. Candidate has no apparent health impairment that would interfere with participation in assigned duties of job title above.

☐ Candidate has no accommodation needs (e.g. required assistive devices, accommodations, or other)

☐ Candidate is cleared with the following restriction(s) or recommended follow-up:

Clinician signature:	License no.:	NPI:	Date:

Print name and credentials:	Telephone:

Practice name and address:	Office stamp:

The candidate is responsible for uploading the completed and signed form to the MyWHS portal:
https://nyp.my.cority.com/#/questionnaire/medicalpublicqrhstandaloneportal?questionnaireId=54