



1025 West Meeting Street, Suite 200
Lancaster, SC 29720
Phone: (803)286-5223 Fax: (803)286-6943

Pre-Employment Physical Form

Company Name/TPA: _____

Employee: _____

Date of Birth: _____

Date: _____

Social Security Number: _____

Physical Testing To Be Performed:

Pre-Employment Physical
 DOT NON DOT

Functional Capacity Testing

Visual Acuity Test
 Excluding Color Perception
 Including Color Perception

Pulmonary Function Test

Urine Drug Screen
 DOT NON DOT

Respirator Clearance

Respirator Fit Test/Dust Mask

Lab Work
 Executive Panel
 TSH
 Lead Level

PPD Test

Audiogram

Hepatitis B Injection

Vaccines
 Tetanus
 MMR

Employee Signature: _____

After All Services Are Performed Please Send This Form Along with Results to:

Employer: _____ Fax: _____

Email: _____ Phone: _____