



NA' NEELZHIIN JI OLTA', INC
 HCR 79 Box 9 Cuba, NM 87013
 Phone: (505) 731-2272
 Fax: (505) 731-2252
 www.njo.bia.edu

**Physical Examination
 Form
 for Employment**

Part A. Applicant or Employee

Name: _____ S.S.#: _____

Census #: _____ D.O.B: _____ Gender: Male Female

Mailing Address: _____ City: _____ Zip: _____

Do you have any medical disorder or physical impairments which would interfere in any way with the full performance of the duties you applied for at Na' Neelzhiin Ji Olta' Inc.?

YES _____ NO _____

I certify all information given me in connection with this examination is correct.

Applicant Signature: _____ Date: _____

Part B. Examining Physician

1. Height: _____ 2. Weight: _____ 3. B/P: _____ 4. Pulse: _____

5. Eyes:

(A.) Distant Vision: without glasses: RIGHT 20/_____ LEFT 20/_____

(B.) Distant Vision: with glasses: RIGHT 20/_____ LEFT 20/_____

(C.) Color Vision: Is color vision normal?

YES _____ NO _____

If not, can applicant pass lantern, yarn, or other comparable test?

YES _____ NO _____

6. Ears: Consider denominators indicated here as normal. Record as numerators the greatest distance heard.

(A.) Ordinary conversation: RIGHT ____/ 20 ft. ____ LEFT ____/ 20 ft. ____

(B.) Audiometer:

<u>250</u>	<u>500</u>	<u>1000</u>	<u>2000</u>	<u>3000</u>	<u>4000</u>	<u>5000</u>	<u>6000</u>	<u>7000</u>
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7. Immunizations
