

**GLORY MANSION
PHYSICAL EXAM FORM**

Please take this form to your Doctor to be filled out completely

_____ has applied for admission to Glory Mansion. The following information must be completed before she is accepted as a resident:

PHYSICAL EXAM

D.O.B. _____ Height _____ Weight _____
Blood Pressure _____ Temperature _____
Heart _____ Lungs _____ Dental _____
Eye, Ear, Nose & Throat _____
Contagious Skin Disorders _____
Head Lice _____

LAB TEST RESULTS

HIV _____ TBT _____ VD/RL _____
Hepatitis A _____ Hepatitis B _____ Hepatitis C _____
Pregnant _____ Pap smear _____

DIAGNOSIS

Please state any limitation of physical activity, any known present illnesses, required medication, etc.

Physician's Signature _____ **Date:** _____
Location of Practice _____
Phone _____

THIS FORM MUST BE RETURNED WITH THE RESULTS OF ALL
TESTS LISTED IN ORDER TO BE CONSIDERED FOR ENTRY
INTO GLORY MANSION