Youngstown Ohio OP LLC DBA
Workmed
6426 Market Street
YOUNGSTOWN, OH 44512
330-884-2025

Results Sheet
For Location: Youngstown OH OP Serv LLC

To: **CORPORATE MANAGEMENT GROUP** Ph #: **330-920-1425**
LINCOLN MOONEY
12000 N WASHINGTON ST STE 350
Denver, CO 80241

RE: **JEREMY DAVIS** **280-84-8375**

Occupation: _____

Date of Service: 04/05/2016

Type of Service: PPE Pre-Placement Exam

Procedure ID: PRE POST EMPLOYMENT PHYSICAL

Results of Physical Exam (Circle One)

Qualified

~~Not Qualified~~

Name of Examining Doctor: Physical Exams

WorkMed Representative: _____

ValleyCare WORKMED

Name: Jeremy Davis

Company: CMG

Position: Labor

Home address/street 2942 Malibu Dr SW

Home phone: (330) 993-7800

City: Warren State: Ohio Zip: 44481

Work phone: (____) _____

Social Security Number: 280-84-8375

Date of Birth: 08/03/1979

Medical History

Mark with a ✓ if you have ever been diagnosed as having any of the following. Explain all "Yes" answers below:
If none of the below are applicable, please mark o None

Yes		Yes		Yes	
_____	Allergies	_____	Fainting/dizziness	_____	Kidney problems
_____	Alcoholism	_____	Fractures/dislocations	_____	Knee problems
_____	Angina	_____	Frequent headaches	_____	Leukemia
_____	Arthritis	_____	Frequent urination	_____	Liver disease
_____	Asthma	_____	Gastrointestinal disorder	_____	Loss of memory
_____	Back injury	_____	Genitourinary disorder	_____	Lung disease
_____	Bronchitis	_____	Glaucoma	_____	Menstrual difficulties
_____	Cancer	_____	Hay Fever	_____	Nervous problem
_____	Chest pain	_____	Hearing problem	_____	Psychiatric disorders
_____	Chronic cough	_____	Heart attack	_____	Rheumatic fever
_____	Dermatitis	_____	Heart murmur	_____	Shortness of breath
_____	Diabetes	_____	Hepatitis	_____	Sleep Disorders
_____	Drug	_____	Hernia	_____	Sleeplessness
_____	Alcohol abuse	_____	High blood pressure	_____	Thyroid
_____	Eczema	_____	Hives	_____	Tuberculosis
_____	Eyes/ears/nose disorder	_____	Hodgkin's disease	_____	Ulcers
_____	Emphysema	_____	Irregular heart beat	_____	Veneral disease
_____	Epilepsy/Seizures	_____	Joint problems	_____	Weight loss/gain
_____	Exposure to loud or continuous noise			_____	Zoster (shingles)

If Yes Explain: _____

Allergies to Medications: None

Current Medications: Cymbalta

Surgical History: None

Smoking History: Do you smoke ____ Yes ___Y___ No ____ Quit _____ Amount per day

Immunization/Infection Hx:

	Infection or IMMUNIZATION / DATE		Infection or IMMUNIZATION / DATE
Chicken Pox	C	Hepatitis	
Measles	C	Tetanus	
Mumps	C	Other	
Rubella	C		

EMPLOYEE: *I hereby certify the above information is correct and truthful to the best of my knowledge. I am aware that medical information obtained during this examination will be made available to my employer or prospective employer and hereby give my consent to release this medical information to said parties. I also request and consent to the necessary physical examination as requested by my employer or other parties.*

Signature: Jeremy W Davis *Date* 4-5-2016

Name: Jeremy Davis Social Security Number: _____ Date of Birth: 8-3-79

Physical Examination

Height: 68 *Weight:* 164 *Blood Pressure:* 122/88 *Pulse:* 101

Near Vision (Circle one) Uncorrected / Corrected
Right 20/ 30 Left 20/ 25
20/35 x

Far Vision (Circle one) Uncorrected / Corrected
Right 20/ 30 Left 20/ 40
20/35

Horizontal fields: Right 130 Left 130

Depth Perception Pass x Fail ____

Color Vision: Pass x Fail ____

Ishihara Pass ____ Fail ____

Hearing: Whisper N A
Right ____ ____
Left ____ ____

Audiometry:
Right 500 5 1000 0 2000 5 3000 0 4000 20 6000 5 8000 0
Left 500 5 1000 5 2000 20 3000 35 4000 45 6000 40 8000 30

N	A	CATEGORY
✓	____	General Appearance
____	____	Head
____	____	Eyes
____	____	Ears
____	____	Nose, mouth throat
____	____	Neck
____	____	Lymph nodes
____	____	Thorax/Lungs
____	____	Heart
____	____	Abdomen
____	____	Neurological exam
____	____	Skin
____	____	Back exam
____	____	Extremities
____	____	Surgical scars/tattoos
____	____	Hernia (males only)
✓	____	Genitalia (males only)

☐ Exam Normal Comments: _____

A. ✓ Cleared for duty
B. ____ Clearance pending review of further information
C. ____ Not cleared

Comments: _____

Date: 4/5/16

PHYSICIAN'S SIGNATURE

Address:

☐ **WorkMED**
6426 Market Street
Boardman, OH 44512
(330) 884-2020 Voice
(330) 726-9136 Fax

☐ **WorkMED**
20 Ohltown Road
Youngstown, OH 44515
(330) 884-1500 Voice
(330) 884-1501 Fax

☐ **WorkMED**
8747 Squires Lane
Warren, OH 44484
(330) 841-5444 Voice
(330) 841-5441 Fax