



INSTITUTE OF  
MEDICAL ULTRASOUND

MEDICAL PHYSICAL EXAMINATION  
STATEMENT OF HEALTH STATUS

NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_

**Visual Aptitude:** see within legal limits with or without corrective eyewear in order to discriminate among shades of gray, differentiate red, blue and associated shades, able to identify keys on a keyboard, able to read a doctor's orders, able to read requisitions and medical records, interpret sonograms, assess a patient's skill pallor, respiratory distress, etc....

**Auditory Aptitude:** hear speech within the normal audible range in order to discriminate among heart sounds, assess a patient's respiratory efforts, must be able to respond to a department emergency procedure's instructions and must be able to respond to a patient's request when they are *not* facing you.

**Physical Aptitude:**

**Gross Motor:** an individual must be able to walk, crouch, stand, stoop, reach, push/pull exert up to 50 lbs of force in order to meet this requirement: while transporting, assisting patients or with equipment.

**Fine Motor:** an individual must demonstrate fine motor strength and coordination in order to: finger a keyboard, write a legible report, and assemble a procedure tray.

**Emotional Aptitude:** an individual must demonstrate emotional stability in order to: provide compassionate care to patients, cooperate with other staff, respond appropriately during emergencies, remain focused despite potential stressful situations related to the clinical work environment, and accept constructive criticism.

***Physician's Statement:***

I agree that the above named individual is in good health, he/she is not contagious with any known diseases and demonstrates the aptitudes described above well; or he/she is contagious with \_\_\_\_\_; however, is able to demonstrate the aptitude described above well.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date of service

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Physician Address

\_\_\_\_\_  
City, State, Zip code

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