



ERIE-LACKAWANNA RAILWAY COMPANY

REQUEST FOR PHYSICAL EXAMINATION

DATE _____

TO DOCTOR _____

ADDRESS _____

THIS WILL AUTHORIZE EXAMINATION OR TREATMENT OF:

(FULL NAME — NO INITIALS)

OCCUPATION _____

DATE OF BIRTH _____ OFFICE OR DEPT. _____

HOME ADDRESS _____

S.S.A. NO. _____ MAN NO. _____

TOTAL YEARS ERIE-LACKAWANNA SERVICE _____ ROSTER RIGHTS: YES _____ NO _____

TOTAL YEARS OTHER RAILROAD SERVICE _____ REASON FOR LEAVING _____

DATE OF LAST EXAMINATION _____ NAME OF DOCTOR _____

REJECTED OR DEFERRED FROM MILITARY FOR MEDICAL REASON YES ☐ NO ☐ EDUCATION _____

IF "YES" GIVE REASON IN "EXPLANATION" BLOCK

SIGNATURE OF EMPLOYEE OR APPLICANT

EMPLOYING OFFICER _____ TITLE _____ LOCATION _____

NEW APPLICANT ☐

APPLICANT WITH PREVIOUS SERVICE ☐

PERIODIC EXAMINATION ☐

PROMOTED ☐

TRANSFERRED ☐

SPECIAL (STATE REASON) ☐

RESUMING WORK AFTER:

ON DUTY INJURY ☐

OFF DUTY INJURY ☐

ILLNESS ☐

FURLOUGH ☐

LEAVE OF ABSENCE ☐

ACCOUNT

RESTRICTED TO:

INSTRUCTIONS:

This form must be signed by the employee, witnessed in the name of Employing Officer, either personally or by his authorized representative, and delivered to the Company Doctor by the employee seeking examination or treatment. When used for physical examination, the accompanying Form SC-3 must also be signed by the employee and Employing Officer.

QUALIFIED - RE-EXAMINE AS DIRECTED

ONE YEAR

SIX MONTHS

DAYS

DATE

← THIS SPACE FOR MEDICAL OFFICE USE ONLY

(ABOVE TO BE FILLED OUT BY EMPLOYING OFFICER)

PAST OPERATIONS, INJURIES, ILLNESSES, COMPLAINTS, IF ANY

DIAGNOSIS:

DATE

DURATION:

VISUAL ACUITY				COLOR SENSE		HT. (WITHOUT SHOES)		PULSE (SITTING)		IDENTIFYING MARKS
GLASSES		DISTANT	NEAR					RATE		
WITHOUT	R			PUPILS		WT. (WITHOUT SHOES)		RHYTHM		
	L									
WITH	R			HEARING (FT.)		BLOOD PRESSURE		URINE		
	L			R.	L.	SYS.		ALB.		
DUPLICATE	R					DIAS.		SUGAR		
	L									

CHECK LIST	NORMAL	ABNORMAL	EXPLANATION OF ABNORMALITIES OBSERVED DURING PHYSICAL OR OBTAINED FROM HISTORY.
SKIN			
HEAD & NECK			
EARS, NOSE & THROAT			
LUNGS			
HEART			
BLOOD VESSELS			
ABDOMEN			
HERNIA			
EXTREMITIES			
REFLEXES			
ROMBERG			
MENTAL STATUS			
BACK			
CHEST OR SPINE X-RAY			
E.K.G.			
BLOOD SEROLOGY			

REMARKS (USE REVERSE SIDE IF NECESSARY)

PHYSICALLY QUALIFIED PENDING REVIEW, BY MEDICAL OFFICE - YES ☐ NO ☐

(DATE AND PLACE OF EXAMINATION)

(SIGNATURE OF EXAMINER)

(APPROVED)