



PRE-PLACEMENT PHYSICAL EXAMINATION

The examination must be performed not more than thirty days preceding the employment date.

THE FOLLOWING MUST BE COMPLETED BY THE EMPLOYER

APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)	SEX	BIRTH DATE	SOC. SEC. NO.
HOME ADDRESS (STREET, CITY, STATE, ZONE OR ZIP CODE)			
PROPOSED JOB ASSIGNMENT		DEPT., DISTRICT, OR STORE	
EXAMINATION REQUESTED BY (NAME OF PERSON)		LOCATION AND PHONE NUMBER	

THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT

I hereby certify that all information I provide in connection with this examination is complete and true. I acknowledge that giving false information may be cause for dismissal if hired. I further agree to undergo the medical tests required herein and any others necessary to medically determine my employability. I authorize the examining physician to disclose all information or findings from this examination to The B.F. Goodrich Company to be used for any purpose whatsoever, and I agree to release the examining physician and The B.F. Goodrich Company from all liability for doing so.

APPLICANT'S SIGNATURE	X	DATE	
ARE YOU NOW?	YES	NO	DESCRIBE FULLY
Under the care of a doctor			
Taking or using any medication, drug, or chemical of any kind.			
HAVE YOU EVER HAD?	YES	NO	DESCRIBE
An injury on head, face, neck, chest, abdomen, back, shoulder, arm, elbow, hand, leg, knee, or foot			
Any other major injury			
An operation on back, face, neck, chest, abdomen, shoulder, arm, elbow, hand, leg, knee, or foot			
A skin rash or allergy			
A major or prolonged illness			
A nervous or mental illness			
Epilepsy, convulsive seizures, recurrent fainting attacks			
Tuberculosis or diabetes			
HAVE YOU EVER BEEN?	YES	NO	DESCRIBE
Treated for excessive use of alcohol or any other drugs			
Rejected for, or released from any military branch of the U.S. forces for medical reasons			
Compensated for armed forces disability			
Compensated for occupational illness, disease or injury			
Refused an application or charged extra for life insurance			

THE FOLLOWING MUST BE COMPLETED BY THE EXAMINING PHYSICIAN

The physical examination should be performed with the applicant stripped. A pelvic examination is to be done on female applicants when indicated. A urinalysis is to be done in all cases. Other laboratory and specialized examinations are to be done only when required.

In Company facilities use available audiometric and mechanical visual testing equipment, and attach test records. Otherwise, use the hearing and Snellen tests specified and record results in spaces provided.

AUDITORY (MARK TEST USED)	☐ AUDIOMETER	CONVERSATIONAL ☐ SPEECH AT 5 FT.	RIGHT EAR	☐ NORMAL ☐ ABNORMAL	LEFT EAR	☐ NORMAL ☐ ABNORMAL					
VISUAL (MARK TEST USED)	MECHANICAL ☐ TESTING EQUIPMENT	SNELLEN ☐ CHART	CONTACT LENS	☐ CHECK IF WORN							
A. MECHANICAL TESTING EQUIPMENT	1. DISTANT — without glasses R..... L..... with glasses R..... L..... 2. NEAR — without glasses R..... L..... with glasses R..... L.....										
B. SNELLEN CHART	1. DISTANT — without glasses R..... L..... with glasses R..... L..... 2. NEAR — Can the applicant read the test sentence at 14 inches ("YES" or "NO" in each of the following spaces)? Test Sentence: "In modern industry a knowledge of the physical condition of a prospective employee is of great importance." w/o glasses R..... L..... w/glasses R..... L.....										
HEIGHT	WEIGHT	TEMP.	PULSE	BLOOD PRESSURE			VITAL CAPACITY				
				S	D	Mepr. Liters Min.	FEV ₁	FEV ₂	Tot. Vol. Liters	% 1 SEC.	% 3 SEC.
URINE SP. GP.	ALBUMIN	SUGAR		MICROSCOPIC							

Special laboratory procedure: A complete blood count, a chest x-ray, or both, will be done only on those applicants designated by The B.F. Goodrich Medical Department to receive such examinations, or when, in the opinion of the examining physician, such examinations are necessary in order to properly evaluate the applicant's physical condition.

HEMATOLOGY H.C.T.	HEMOG (GH)	W.B.C.	NEUTRO	LYMPH	MONO.	BASO	EOSIN	VDRL
CHEST X-RAY FINDINGS								