

OKLAHOMA DEPARTMENT OF CORRECTIONS EMPLOYEE POST-OFFER EXAMINATION REPORT

Employee Name:
(Last, First)

Social Security Number:

DOB	Age	Race	Sex	HT	WT	Pulse	Resp	Temp	B/P	Drug/Food Allergies:
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Corrected OD 20/_____	VISION (Distant)	Uncorrected OS 20/_____
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PHYSICAL FINDINGS	WNL	ABN			
1. Head					
2. Neck					
3. Eyes					
4. Ears/Nose/Throat					
5. Lungs					
6. Heart					
7. Abdomen					
RANGE OF MOTION					
1. Neck					
2. Back					
3. Extremities					
4. Reflexes					
5. Motor					
6. Cerebellar					
The remaining questions are applicable to only Correctional Security Officers and Probation and Parole Officers					
THE USE OF OR ABILITY TO:	YES	NO		YES	NO
1. Heavy lifting, 45 pounds or over?			8. Climbing with the use of arms and legs		
2. Heavy carrying, 45 pounds or over?			9. Repetitive bending, crawling, or kneeling		
3. Pull hand over hand and reaching above the shoulders?			10. Use of both eyes required, at least 20/30 Corrected acuity in each eye		
4. Use of the fingers			11. Clear speech		
5. Use of both hands			12. Ability to hear		
6. Continuous walking for eight or more hours					
7. Continuous standing for eight or more hours					
ARE YOU CURRENTLY ON ANY MEDICATION: (If yes, please list below)					

Signature of Healthcare Provider

Date

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(R 3/15)