

**BUCKS COUNTY DEPARTMENT OF HEALTH  
BUREAU OF PERSONAL HEALTH SERVICES  
ADULT HEALTH ASSESSMENT**

**Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Current Medications/Medical Regimen?** \_\_\_\_\_

**Tobacco Use?** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Temperature** \_\_\_\_\_

**Pulse** \_\_\_\_\_ (Apical) \_\_\_\_\_ (Radial)

**Respirations** \_\_\_\_\_

**Blood Pressure** \_\_\_\_\_ (Right) \_\_\_\_\_ (Left)

**Chest Auscultation** \_\_\_\_\_

**Neurological** \_\_\_\_\_

**Medical/Surgical History** \_\_\_\_\_

\_\_\_\_\_

**Immunization Status Age/Time Appropriate yes no**

**Immunizations Given** \_\_\_\_\_

**RN** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Date** \_\_\_\_\_

**POLICY AND PROCEDURE  
ADULT HEALTH ASSESSMENT**

**For the purpose of Personal Protective Equipment (PPE) training those persons will be provided with a medical physical assessment by a public health nurse and the health department contract physician.**

**This assessment will be provided before *Fit Testing* those persons undergoing PPE training.**

**Those persons that present for medical assessment will have completed the “OSHA Respirator Medical Evaluation Questionnaire” and will provide this to the health department.**

**The Adult Health Assessment tool will be attached to the OSHA questionnaire and retained by the health department in files marked “Adult Health Assessment”.**

**Assessments will be provided in the Levittown Office on Friday April 20, 2007 & Friday April 27, 2007 from 1300 until 1500 by appointment by calling (215) 949 5805 x 212.**