



N.P. 1380
7-48

NORTHERN PACIFIC RAILWAY

Physical Examination of Applicants for Employment

Ordered by.....

Full Name..... Date of Birth..... Age.....
 Applicant for position of..... Married, single, widowed or divorced..... Number of children if any.....
 Have any of the family had consumption, Insanity, Diabetes, Asthma? Explain.....

Answer each following question "Yes" or "No". Have you ever had Pneumonia?..... Spitting of Blood?.....
 Syphilis?..... Gall stones?..... Dysentery?..... Pleurisy?..... Dizzy or fainting spells?.....
 Gonorrhoea?..... Kidney stones?..... Hemorrhoids?..... Asthma?..... Fits?.....
 Stricture?..... Stomach ulcer?..... Rupture?..... Hay Fever?..... Brain or nervous trouble?.....
 Urinary trouble?..... Appendicitis..... Rheumatism?.....

What operations have you ever had?.....
 What long or serious sicknesses have you ever had and when?.....
 What injuries have you ever received? When?.....
 To what extent do you use drugs or intoxicating liquors?.....
 Have you now, or have you ever had any disease, tumor, or ulcer, or any physical defect, except as above stated?.....

I certify that my answers to the foregoing questions are recorded above in full and correctly and that said answers are true.

Witness..... Signature of Applicant.....

Examining Surgeon will examine and record evidence of defects of:

Eyes..... Tonsils..... Spine.....
 Nose..... Thyroid..... Vascular System.....
 Teeth..... Abdomen..... Skin.....

Any evidence of disease of heart?..... Describe.....
 Any evidence of disease of Lungs?..... Describe.....

Blood Pressure S..... D..... Pulse Rate..... Rhythm.....
 Reflexes: Pupillary..... Patellar..... Rhomberg.....

Do you find any evidence of any venereal disease?.....
 Hernia?..... Is suitable truss worn?..... Varicose veins or ulcers?.....

Is there loss of Limb, Deformities, Ankylosis or old Osteomyelitis?.....

Other Impairments:.....

General Appearance:..... Height (without shoes)..... Weight (without coats).....

Urine: Spec. Gr..... Albumin..... Sugar..... Microscopical if indicated.....

Distant Vision	Without Glasses		With Glasses When Worn		Near Vision—Snellen's	Without Glasses		With Glasses When Worn	
	Right Eye	Left Eye	Right Eye	Left Eye		Both Eyes		Right Eye	Left Eye
Pupils equal and regular.									

Eye Pathology?..... Field of Vision..... Ear Pathology.....

Hearing: Acoumeter Right Ear..... ft. Left Ear..... ft. Ordinary conversational tones, Right..... ft. Left..... ft.

In all original examinations test color perception by Pseudo Isochromatic or Ishihara methods.

Normal or Color Blind?..... Applicant prompt or hesitant in selecting colors?.....

Method Used: Ishihara..... Pseudo Isochromatic..... Williams Lantern..... Holmgren.....

Other Impairments or Remarks:.....

Place..... 19.....

Examining Surgeon.

I recommend applicant be
 Employed—Rejected—Re-examined..... 19.....

Chief Surgeon

Date