

Physical Examination Form

Name: DOB: SS# _____

College Address Phone # _____

E-Mail Address _____ Cell phone

Allergies: _____

Date: Time: Temp: Pulse: Resp: BP: _____ Re / X 2 advised

Current Meds: Smoker Yes No Cessation offered _____

Male Female General Appearance _____

Pertinent Hx _____

_____ Height _____ Weight _____

Vision: R _____ L _____ Corrected Uncorrected) Hearing: (forced whisper) _____

Urine Dip Stick: N/A

Bilirubin _____ Urobilinogen _____ Ketones _____ Glucose _____ Protein _____

Blood _____ pH _____ Nitrite _____ Leukocytes _____ Specific Gravity _____

Head/Neck _____ Throat _____

Thyroid _____ Teeth/Gums _____

Skin _____ Lymph nodes _____

Breasts _____ Heart _____

Lungs _____

Abdomen _____ Hernia _____

Genitalia _____ Rectal _____

Musculoskeletal _____

Extremities _____

Mental status _____

General Summary _____

Name of Practitioner (print) _____

Address _____

Signature _____ Date _____ Phone # _____

Medical Questionnaire

Are you well as far as you know? Yes No

Are you under medical treatment? Yes No

Significant Past Medical History or family history _____

Past hospitalizations _____

Current Medications _____

Do you have any problems with:

If Yes... what?

Allergies (asthma, hayfever, eczema, hives, etc.) Yes No _____

Disabling headaches Yes No _____

Difficulty seeing Yes No _____

Difficulty hearing Yes No _____

Heart (murmurs, irregular beats, chest pain, angina) Yes No _____

Lungs (shortness of breath, wheezing, cough) Yes No _____

Stomach, gallbladder, liver, bowel habits, hernias Yes No _____

Kidneys, bladder, urinary infections Yes No _____

Use of arms, hands, legs, feet Yes No _____

Lower back, disc, joints, arthritis Yes No _____

Seizures (fits, convulsions) Yes No _____

Mental health issues Yes No _____

Blood, lymph glands Yes No _____

Unexplained fainting Yes No _____

Do u have paired & functioning eyes/kidneys/lungs/testicles Yes No

Other: _____

I am physically and mentally capable of the safe and effective performance of all the related functions for this job or situation. Yes No

Applicant's signature: _____

Date _____