

PART II: MEDICAL EXAMINER=S REPORT

To be completed by the physician.

- 1. General Appearance _____
- 2. Personal Hygiene _____
- 3. Height _____ Weight _____
- 4. Temperature _____ Pulse _____ Blood Pressure _____ (Give readings before
Temperature _____ Pulse _____ Blood Pressure _____ and after exercise)
- 5. Vision _____
- 6. Hearing _____
- 7. Condition of mouth and throat: _____
 Pharynx _____ Tonsils _____
 Mucous Membranes _____ Teeth _____
 Tongue _____ Gum _____
- 8. Evidence of goiter, enlarged glands, or other tumors _____

- 9. Evidence of varicosity _____ Hernia _____
- 10. Evidence of disease or abnormalities of: _____
 Heart _____
 Lungs _____
 Thorax _____
 Spine _____
 Genitalia _____
- 11. Evaluate nervous and mental condition _____

Laboratory Tests (required) Chest X-Ray
 Complete Blood Work-Up
 Urinalysis

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Name of Physician (Type or print) _____ Date _____

Address _____
 Street City State Zip

Signature of Physician _____