



Physical Condition

Name _____

Age: _____ Height: _____ Weight: _____

GENERAL PHYSICAL EXAMINATION

A: Body Build: Asthenic _____ Medium _____

Muscular _____ Obese _____

B. Blood Pressure: Systolic _____ Diastolic _____

C. Pulse: Rate _____

Is Arrhythmia present? Yes _____ No _____

If yes, frequency _____

D. Are there any abnormalities of

1. Heart Yes _____ No _____
2. Blood Vessels Yes _____ No _____
3. Respiratory Organs (including nose ,throat, mouth) Yes _____ No _____
4. Abdominal Organs (Including abdominal wall) Yes _____ No _____
5. Is inguinal hernia present? Yes _____ No _____
6. Genital or Pelvic Organs Yes _____ No _____
7. Ears Yes _____ No _____
8. Eyes Yes _____ No _____
9. Nervous System Yes _____ No _____
10. Musculoskeletal Deformities Yes _____ No _____

E. Hearing Rt _____ 15 _____
Lt _____ 15 _____

F. Visual Acuity: Wears Glasses Yes _____ No _____
When were eyes last tested ? _____

G. Urinalysis: Specific Gravity _____ Albumen _____ Sugar _____

Conclusion

This individual is free of communicable disease: Yes _____ No _____
I certify that the foregoing is a record of a careful examination on this date
Of the described herein, and find that he/she is _____ qualified
_____ not qualified.

Signature of Examining Physician

Date of Examination

