



Physical Examination Form

ALL OPERATOR PROGRAMS

Please type or print neatly.

NAME	FIRST	MIDDLE	LAST
SOCIAL SECURITY #		DATE OF EXAMINATION	
MAILING ADDRESS		PHONE	
CITY		STATE	ZIP

HEALTH HISTORY

Yes No ☐ ☐ Asthma ☐ ☐ Kidney ☐ ☐ Tuberculosis ☐ ☐ Diabetes ☐ ☐ Nervous stomach ☐ ☐ Rheumatic fever ☐ ☐ Over-the-counter drug	Yes No ☐ ☐ Muscular disease ☐ ☐ Psychiatric ☐ ☐ Cardiovascular disease ☐ ☐ Gastrointestinal ulcer ☐ ☐ Ethanol use ☐ ☐ Rx drug use ☐ ☐ Head or spinal	Yes No ☐ ☐ Seizures, fits, convulsions, or fainting ☐ ☐ Extensive confinement by illness or injury ☐ ☐ Any other nervous disorder ☐ ☐ Suffering from any other disorder ☐ ☐ Permanent defect from illness, disease, or injury
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IF ANSWER TO ANY OF THE ABOVE IS YES, PLEASE EXPLAIN _____ _____ _____

GENERAL APPEARANCE AND DEVELOPMENT:

VISION: For distance ☐ Right/20 Evidence of disease or injury: Right _____ Left _____ Color test: Right _____ Left _____ Horizontal field of vision: Right _____ Left _____	☐ Good ☐ Left/20 Right _____	☐ Fair ☐ Both/20 Left _____
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HEARING: Right ear _____ Evidence of disease or injury: Right ear _____	Left ear _____ Left ear _____
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AUDIOMETRIC TEST: ☐ 500 HZ ☐ 1000 HZ ☐ 5000 HZ	☐ 2000 HZ ☐ 6000 HZ	☐ 3000 HZ ☐ 7000 HZ ☐ 4000 HZ ☐ 8000 HZ
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THROAT: _____

THORAX: Heart: _____

If organic disease is present, is it fully compensated? _____

Blood pressure: Systolic _____ Diastolic _____

Pulse: Before exercise _____ Immediately after _____

Lungs: _____

ABDOMEN: Scars _____ Abdominal masses _____ Tenderness _____

Sample Of Physical Examination Form

Thomas Griffiths



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