



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	Yes	No	Yes	No
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

IF ANSWER TO ANY OF THE ABOVE IS YES, PLEASE EXPLAIN
--

GENERAL APPEARANCE AND DEVELOPMENT:		☐ Good	☐ Fair	☐ Poor
VISION:	For distance ☐ Right/20	☐ Left/20	☐ Both/20	☐ Without corrective lenses
	Evidence of disease or injury:	Right _____	Left _____	☐ With corrective lenses
	Color test:	Right _____	Left _____	
	Horizontal field of vision:	Right _____	Left _____	
HEARING:	Right ear _____	Left ear _____		
	Evidence of disease or injury:	Right ear _____	Left ear _____	
AUDIOMETRIC TEST:	☐ 500 HZ	☐ 1000 HZ	☐ 2000 HZ	☐ 3000 HZ
		☐ 5000 HZ	☐ 6000 HZ	☐ 7000 HZ
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

Annelies Wilder-Smith



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