

PHYSICAL EXAMINATION FORM

Date:

Name:

Identification No.

Date of Birth:

Height:

Weight:

HEALTH HISTORY

Yes	No	
☐	☐	Diabetes
☐	☐	Muscular Disease
☐	☐	Mental Disorder
☐	☐	Arthritis
☐	☐	Serious Injuries
☐	☐	Suffering From Any Other Diseases
☐	☐	Lung Disorders (asthma, tuberculosis, shortness of breath)
☐	☐	Cardiovascular Disease (rheumatic fever, scarlet fever, diphtheria)
☐	☐	Nervous System Disorders (dizziness, epilepsy, syphilis)
☐	☐	Currently Under a Physician's Care
☐	☐	Permanent Impairment From Illness, Disease, or Injury
☐	☐	Suffering From Any Other Diseases

GENERAL

General Appearance and Development:

☐ Good

☐ Fair

☐ Poor

Hearing:

Right Ear:

Left Ear:

Disease or Injury:

Thorax:

Heart:

Blood Pressure:

Systolic:

Diastolic:

Pulse:

Before Exercise:

Immediately After Exercise:

Abdomen:

Scars:

Abnormal Masses:

Tenderness:

Reflexes:

Accommodation:

Right:

Left:

Physical Examination Form Health Services Office

United States. Veterans Bureau

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the text 'United States. Veterans Bureau'.

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