



# 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                       |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

|  |   |                                  |                                  |  |
|--|---|----------------------------------|----------------------------------|--|
| <b>GENERAL APPEARANCE AND DEVELOPMENT:</b> |   | <input type="checkbox"/> Good    | <input type="checkbox"/> Fair    | <input type="checkbox"/> Poor                      |
| <b>VISION:</b>                             | For distance <input type="checkbox"/> Right/20                | <input type="checkbox"/> Left/20 | <input type="checkbox"/> Both/20 | <input type="checkbox"/> Without corrective lenses |
|  |   |                                  |                                  | <input type="checkbox"/> With corrective lenses    |
|  | Evidence of disease or injury:                                | Right _____                      | Left _____                       |  |
|  | Color test:   | Right _____                      | Left _____                       |  |
|  | Horizontal field of vision:                                   | Right _____                      | Left _____                       |  |
| <b>HEARING:</b>                            | Right ear _____   | Left ear _____                   |                                  |  |
|  | Evidence of disease or injury:                                | Right ear _____                  | Left ear _____                   |  |
| <b>AUDIOMETRIC TEST:</b>                   | <input type="checkbox"/> 500 HZ                               | <input type="checkbox"/> 1000 HZ | <input type="checkbox"/> 2000 HZ | <input type="checkbox"/> 3000 HZ                   |
|  |   | <input type="checkbox"/> 5000 HZ | <input type="checkbox"/> 6000 HZ | <input type="checkbox"/> 7000 HZ                   |
| <b>THROAT:</b>                             | _____   |                                  |                                  |  |
| <b>THORAX:</b>                             | Heart: _____  |                                  |                                  |  |
|  | If organic disease is present, is it fully compensated? _____ |                                  |                                  |  |
|  | Blood pressure:   | Systolic _____                   | Diastolic _____                  |  |
|  | Pulse:  | Before exercise _____            | Immediately after _____          |  |
|  | Lungs:  | _____                            |                                  |  |
| <b>ABDOMEN:</b>                            | Scars _____   | Abdominal masses _____           | Tenderness _____                 |  |

# Physical Examination Form Example

**Sabine Zange**



## **Physical Examination Form Example:**

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