



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

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

GENERAL APPEARANCE AND DEVELOPMENT:

VISION: For distance <input type="checkbox"/> Right/20 Evidence of disease or injury: Right _____ Left _____ Color test: Right _____ Left _____ Horizontal field of vision: Right _____ Left _____	<input type="checkbox"/> Good <input type="checkbox"/> Left/20 Right _____	<input type="checkbox"/> Fair <input type="checkbox"/> 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: <input type="checkbox"/> 500 HZ <input type="checkbox"/> 1000 HZ <input type="checkbox"/> 5000 HZ	<input type="checkbox"/> 2000 HZ <input type="checkbox"/> 6000 HZ	<input type="checkbox"/> 3000 HZ <input type="checkbox"/> 7000 HZ <input type="checkbox"/> 4000 HZ <input type="checkbox"/> 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 Physical Exam Form

Roman Wölfel

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

Sample Physical Exam Form:

The Enigmatic Realm of **Sample Physical Exam Form**: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing in short supply of extraordinary. Within the captivating pages of **Sample Physical Exam Form** a literary masterpiece penned by a renowned author, readers set about a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book's core themes, assess its distinct writing style, and delve into its lasting affect the hearts and minds of people who partake in its reading experience.

https://crm.avenza.com/About/uploaded-files/index.jsp/robert_lafore_solution_manual.pdf

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