

Physical Examination

To be completed by physician

Last Name _____ First Name _____ Age _____ (yrs)
 Height _____ (inches) Weight _____ Blood Pressure _____ Pulse _____

Region	Normal	Abnormal	Explanatory Note	Region	Normal	Abnormal	Explanatory Note
Eyes-Distant Vision							
Snellen Chart R				Liver			
L				Spleen			
Corrected R				Kidneys			
L							
Pupils (L and A)				Genetalia-Hernia			
Lids				Scrotum, Testes			
E.O. Muscles				Other			
Ears-Hearing				Anal-Hemorrhoid			
Canals				Pilonidal cyst			
Drums				Other			
Nose-Throat-Gums				Orthopedics			
Dental Repair				Posture			
Pharynx				Spine			
Other				*Lordosis			
				*Kyphosis			
Neck-Thyroid				Extremities/Reflexes			
Other				*Knees			
Lymphatic glands				*Shoulders			
				*Elbows			
Chest-Inspection				*Ankles			
Pulmonary findings				*Feet			
Breasts				*Hands			
Axillary nodes							
				Nervous Conditions			
Heart-Size				Tremor			
Rhythm				Speech			
Thrills				Motor paralysis			
Murmurs							
				Emotional Stability			
Abdomen-Scars				Evidence of			
Tenderness				Psychiatric disorders			
Masses							

Physical Activity: Unrestricted _____ Restricted _____ Duration _____
 Intercollegiate Athletics: Unrestricted _____ Restricted _____ Duration _____
 Details for restrictions: _____

Recommendations: _____

How long have you known the patient? _____ Date of Examination: _____
 Physician's Name (please print) _____ Physician's Signature _____
 Address _____