

MEASUREMENTS & OTHER FINDINGS			
97 HEIGHT	INCHES	98 WEIGHT	LBS
99 BLOOD PRESSURE	R	L	
100 PULSE RATE	REGULAR		
101 URINE (REAGENT STRIP)	SUGAR	ALBUMIN	

102 HEARING RT		LT		
103 COLOR VISION		104 DEPTH		
105 VISION	WITHOUT GLASSES		WITH GLASSES	
	RIGHT	LEFT	RIGHT	LEFT
NEAR	J#	J#	J#	J#
FAR	20'	20'	20'	20'
ARE CONTACT LENSES WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERIMETER SCORE RT LT		

ABN		NORM		ABN		NORM	
106 HEAD & FACE				117 ABDOMEN & VISCERA			
107 EYES				118 HERNIA (RINGS)			
108 PUPILLARY REFLEX				119 GENITALIA-PELVIC EXAM			
109 EARS EAR DRUMS				120 ANAL INSPECTION (PILONIDAL CYST?)			
110 NOSE				121 RECTAL ON MEN OVER 40 YEARS OF AGE			
111 THROAT				122 UPPER EXTREMITIES (STRENGTH RANGE OF MOTION)			
112 ORAL HYGIENE				123 LOWER EXTREMITIES (STRENGTH RANGE OF MOTION)			
113 NECK-THYROID				124 SPINE (CURVATURE RANGE OF MOTION)			
114 HEART				125 OTHER MUSCULOSKELETAL			
115 VASCULAR SYSTEM				125 SKIN & LYMPHATICS			
116 CHEST & LUNGS (INCLUDE BREASTS)				127 DEEP KNEE BEND			

128 FORWARD BENDING KNEES EXTENDED (DISTANCE FINGERTIPS FROM FLOOR) (ABOUT) INCHES

130 GRIP CHECK MAJOR HAND RIGHT LEFT

129 REFLEXES	ROMBERG	PATELLAR	ACHILLES	BABINSKY	INSTRUMENT	SETTING
Medical History	() Unremarkable	() Remarkable	See Findings			
Vital Signs	() Normal	() Abnormal	See Findings			
Chest X-Ray	() Normal	() Abnormal	See X-Ray Report	() N/A		
Lumbar X-Ray	() Normal	() Abnormal	See X-Ray Report	() N/A		
Urinalysis	() Normal	() Abnormal	See Findings	() N/A		
Urine Drug Screen Obtained	() Yes	() No		() N/A		
Audiometry	() Normal	() Abnormal	See Findings	() N/A		
Pulmonary Function	() Normal	() Abnormal	See Report	() N/A		
Physical Examination	() Normal	() Abnormal	See Findings			

Significant Medical Findings:

IF ANY ABNORMALITIES ARE FOUND, WAS APPLICANT INFORMED? YES NO

MEDICAL CLASSIFICATION (SUBJECT TO APPROVAL BY MEDICAL DEPARTMENT)

A NO WORK LIMITATIONS REQUIRED	MUST WEAR GLASSES AT WORK	<input type="checkbox"/> YES <input type="checkbox"/> NO
B WORK LIMITATIONS REQUIRED BECAUSE OF CORRECTABLE ABNORMALITY	MUST WEAR CONTACT LENSES	<input type="checkbox"/> YES <input type="checkbox"/> NO
C WORK LIMITATIONS REQUIRED BECAUSE OF UNCORRECTABLE ABNORMALITY		
D UNSUITED FOR ANY WORK UNTIL ABNORMAL CONDITION IS CORRECTED		

REQUIRED WORK LIMITATIONS: _____

DOCTOR'S SIGNATURE _____ DATE _____

TYPE OR STAMP DOCTOR'S NAME & ADDRESS