

MEASUREMENTS & OTHER FINDINGS			
97 HEIGHT	INCHES	96 WEIGHT	LBS
99 BLOOD PRESSURE #		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			126 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		
Check 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

B. WORK LIMITATIONS REQUIRED BECAUSE OF CORRECTABLE ABNORMALITY

C. WORK LIMITATIONS REQUIRED BECAUSE OF UNCORRECTABLE ABNORMALITY

D. UNSUITED FOR ANY WORK UNTIL ABNORMAL CONDITION IS CORRECTED

MUST WEAR GLASSES AT WORK YES NO

MUST WEAR CONTACT LENSES YES NO

REQUIRED WORK LIMITATIONS _____

TYPE OR STAMP DOCTOR'S NAME & ADDRESS

DOCTOR'S SIGNATURE _____

DATE _____