Report of Medical Examination

Name: _____ SS#: _____

Company Name: _____ Position: _____

Home Address: _____

Date of Birth: _____ Date of Examination: _____

Age: _____ Sex: ☐ Male ☐ Female Purpose of Examination: _____

Employee History
(Mark "yes" whether in past or presently is a problem)

1. Allergies	☐ Yes	☐ No	15. Head Injury	☐ Yes	☐ No	29. Numbness / Tingling	☐ Yes	☐ No
2. Anemia	☐ Yes	☐ No	16. Heart trouble	☐ Yes	☐ No	30. Severe headaches	☐ Yes	☐ No
3. Arthritis	☐ Yes	☐ No	17. Hernias	☐ Yes	☐ No	31. Shortness of breath	☐ Yes	☐ No
4. Asthma	☐ Yes	☐ No	18. High Blood Pressure	☐ Yes	☐ No	32. Surgery	☐ Yes	☐ No
5. Back injury/problems	☐ Yes	☐ No	19. Hospitalization	☐ Yes	☐ No	33. Tendency to bleed	☐ Yes	☐ No
6. Bursitis or tendinitis	☐ Yes	☐ No	20. Infectious disease	☐ Yes	☐ No	34. Tumors/Cysts	☐ Yes	☐ No
7. Cancer	☐ Yes	☐ No	21. Jaundice	☐ Yes	☐ No	35. Ulcers	☐ Yes	☐ No
8. Carpal Tunnel	☐ Yes	☐ No	22. Kidney/Liver disease	☐ Yes	☐ No	36. Heart-related illness	☐ Yes	☐ No
9. Chiropractic visits	☐ Yes	☐ No	23. Knee problems	☐ Yes	☐ No	37. Eye/Vision problems	☐ Yes	☐ No
10. Convulsions or epilepsy	☐ Yes	☐ No	24. Lung disease	☐ Yes	☐ No	38. Arthroscopic surgery	☐ Yes	☐ No
11. Diabetes	☐ Yes	☐ No	25. Neck injury	☐ Yes	☐ No	39. Ganglion cyst	☐ Yes	☐ No
12. Skin problems/ Eczema	☐ Yes	☐ No	26. Neurologic conditions	☐ Yes	☐ No	40. Pregnant	☐ Yes	☐ No
13. Fainting/Loss of consciousness	☐ Yes	☐ No	27. Rotator cuff/Other shoulder problems	☐ Yes	☐ No	41. Pinched nerves/ Neuritis/Sciatica	☐ Yes	☐ No
14. Broken bones	☐ Yes	☐ No	28. Elbow problems	☐ Yes	☐ No	42. Hand/Wrist problems	☐ Yes	☐ No

EMPLOYEE TO FILL OUT SECTION ABOVE THIS LINE BEFORE VISIT. MEDICAL PROVIDER WILL FILL OUT BELOW.

Measurements and Other Findings

Height:	Weight:	Color Hair:	Color Eyes:	Build:	Temperature:

Blood Pressure:	Pulse:
Sitting: _____ Recumbent: _____ Standing: _____	Sitting: _____ Recumbent: _____ Standing: _____

Distant Vision:		Near Vision:	
Right 20/	Corr. to 20/	corr. to	by
Left 20/	Corr to 20/	corr. to	by

Color Vision: _____

Audiometer:

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
Right								
Left								