

Today's Date: _____

Pre-Placement Physical Examination

Patient: _____	Date of Birth: _____
Address: _____ _____	SS#: _____-_____-_____

Height: _____	Weight: _____	Resting Heart Rate: _____
Blood Pressure: _____	Normal? _____	Elevated Highest Reading: _____

Physical Readings:				
General Appearance:	—	Normal	—	Abnormal
HEENT:	—	Normal	—	Abnormal
Lymph Nodes:	—	Normal	—	Abnormal
Chest:	—	Normal	—	Abnormal
Breasts:	—	Normal	—	Abnormal
Lungs:	—	Normal	—	Abnormal
Heart:	—	Normal	—	Abnormal
Abdoman:	—	Normal	—	Abnormal
Genitalia:	—	Normal	—	Abnormal
Testes:	—	Normal	—	Abnormal
Spine:	—	Normal	—	Abnormal
Neurological:	—	Normal	—	Abnormal
Skin:	—	Normal	—	Abnormal

If Abnormal, Please verify findings here:

For Doctor Use Only

Exam Results ___ Normal ___ Abnormal

Examiner's Printed Name: _____

Examiner's Title: _____

Examiner's Signature: _____

Examiner's Address: _____

Examiner's Phone: _____