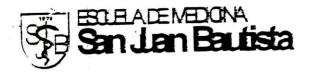


History and PE

Name:	Age
Marita! Status	
	Separated Divorced Other
Date Birth Sex: [□ Male □ Female
Physical Exam Vital Signs: BPmm/Hg	P/min R/min
TempC /F	Height'" Weightpounds/kg
G/A:	
Heent:	
Lungs:	
Heart:	
Abdomen:	
Extremities:	
Skin:	
Nervous system:	
Past Medical History	Current Medications
AND DESCRIPTION OF THE STREET	
	•
4	
Immunization Record	
Complete and updated □	Incomplete not updated □
If incomplete, Please explain:	



Health Certificate Information		
Blood Serology (VDRL result)		
Tuberculin Test result (PPD)	and/or Chest X-Ray (if indicated)	
(Include results of both)*		
. 43	naci i serimbi	
Physician Statement		
T,	, certify that I have examined	
	and I have/have not found him/her in good	
health condition.	The states	
Physician's Name:		
Physician's Signature:		
License No	Date:	
Address:		
-		
Phone No. ()		
	ng at the Mark Co.	

*Note: The Chest X-Ray Lecture or Blood Serology (VDRL results) must accompany this result.