History and PE

Name: _____ Age _____

Marital Status

Single ☐ Married ☐ Widow ☐ Separated ☐ Divorced ☐ Other ☐

Date Birth ____-____-____ Sex: ☐ Male ☐ Female

Physical Exam

Vital Signs: BP _____mm/Hg P ____/min R _____/min

Temp ___C /___F Height __' __" Weight ___pounds/kg

G/A: _____

Heent: _____

Lungs: _____

Heart: _____

Abdomen: _____

Extremities: _____

Skin: _____

Nervous system: _____

Past Medical History **Current Medications**

_____

_____

_____

_____

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)*

Physician Statement

I, _____, certify that I have examined

_____ and I have/have not found him/her in good health condition.

Physician's Name:_____

Physician's Signature:_____

License No._____ Date:_____

Address: _____

_____

Phone No. ( ) _____-_____

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