

**Significant Medical Conditions (✓)**

	Yes	No	If Yes, Explain
Allergies .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Report of Physical Examination (✓)**

	Normal	Abnormal	If Abnormal, Explain
◦ Height (inches)			
◦ Weight (pounds)			
◦ Pulse (      )			
◦ Blood Pressure      /			
◦ Hair/Scalp			
◦ Skin			
◦ Eyes — Visual Acuity R <u>  </u> / <u>  </u> L <u>  </u> / <u>  </u>			
◦ Eyes — Color Vision			
◦ Ears — Hearing      dB      R      L			
◦ Nose and Throat			
◦ Teeth and Gingiva			
◦ Lymph Glands			
◦ Heart — Murmur, etc.			
◦ Lung — Adventitious Findings			
◦ Abdomen			
◦ Genitalia			
◦ Neuromuscular System			
◦ Extremities			
◦ Spine (Presence of Scoliosis)			

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Print Name of Examiner

\_\_\_\_\_  
Address