Medical Examination Report PDF

**Part 1: Patient Information**

* Full Name: [Text Field]
* Date of Birth: [Date Picker]
* Gender: [Dropdown: Male, Female, Other]
* Contact Number: [Text Field]
* Address: [Text Field]
* Reason for Examination: [Text Field]

**Part 2: Medical History Checklist**

* Past Medical Conditions: [Checkboxes: Diabetes, Hypertension, Cardiovascular Disease, etc.]
* Current Medications: [Text Field]
* Allergies: [Text Field]
* Family History of Illness: [Text Field]
* Smoking and Alcohol Use: [Checkboxes: Yes, No]

**Part 3: Vital Signs**

* Blood Pressure: [Text Field] mmHg
* Heart Rate: [Text Field] bpm
* Respiratory Rate: [Text Field] breaths/min
* Temperature: [Text Field] °F

**Part 4: Physical Examination**

* General Appearance: [Text Field]
* Eyes (Vision Test): [Text Field]
* ENT (Ears, Nose, Throat): [Text Field]
* Cardiovascular System: [Text Field]
* Respiratory System: [Text Field]
* Gastrointestinal System: [Text Field]
* Musculoskeletal System: [Text Field]
* Neurological Examination: [Text Field]
* Skin Examination: [Text Field]

**Part 5: Laboratory Tests**

A table format to record results:

* Test | Result | Normal Range
* Blood Test [Text Field] | [Text Field] | [Text Field]
* Urine Analysis [Text Field] | [Text Field] | [Text Field]
* Others (Specify) [Text Field] | [Text Field] | [Text Field]

**Part 6: Physician's Evaluation and Recommendations**

* Findings: [Text Field]
* Recommendations: [Text Area]
* Fit for Duty: [Checkbox]
* Restrictions: [Text Field]
* Follow-up Required: [Checkbox] Yes [Checkbox] No
* Next Appointment: [Date Picker]

**Part 7: Certification**

* Physician's Name: [Text Field]
* Signature: [Signature Field]
* Date: [Date Picker]
* License Number: [Text Field]