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]