
NYC Physical Examination Form

Identification

- Full Name: _____
- Date: _____
- SSN: _____

Health Assessment

- Vision: _____ Hearing: _____
- Blood Pressure: _____
- Respiratory Rate: _____

Vaccination Record

- Last Flu Shot: _____
- Other Vaccinations: _____

Physical Examination Summary

- General Health: _____
- Areas of Concern: _____

Certification

- Doctor's Signature: _____
- Date of Signature: _____