

# Physical Examination Form PDF

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## Personal Information

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_

## Medical History

- Allergies: \_\_\_\_\_
- Past Surgeries: \_\_\_\_\_
- Current Medications: \_\_\_\_\_

## Examination Checklist

- Height: \_\_\_\_\_ Weight: \_\_\_\_\_
- Blood Pressure: \_\_\_\_\_
- Heart Rate: \_\_\_\_\_
- Vision Test
- Hearing Test

## Physician's Notes

- Observations: \_\_\_\_\_
- Recommendations: \_\_\_\_\_

## Signature

- Physician: \_\_\_\_\_
- Date: \_\_\_\_\_