

Physical Examination Form PDF

1. Personal Information

- Full Name: _____
- Date of Birth: _____
- Gender: _____
- Address: _____
- Contact Number: _____

2. Medical History

- Past Illnesses: _____
- Current Medications: _____
- Allergies: _____
- Family Medical History: _____

3. Examination Details

- Height: _____
- Weight: _____
- Blood Pressure: _____
- Heart Rate: _____
- Vision Test: _____
- Hearing Test: _____

4. Laboratory Tests

- Blood Test Results: _____
- Urine Test Results: _____
- X-ray/MRI Results: _____

5. Doctor's Observations

- **General Appearance:** _____
- **Neurological Examination:** _____
- **Cardiovascular Examination:** _____
- **Respiratory Examination:** _____

6. Conclusion and Recommendations

- **Fitness Status:** _____
- **Recommendations for Further Tests:**

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