

Physical examination

Temperature _____

Skin _____

Pulse _____

Lymphatic's _____

Respiration _____

Thyroid _____

Blood Pressure _____

Heart _____

Height _____

Lungs _____

Weight _____

Breast _____

Hearing _____

Abdomen _____

Vision _____

Genitor Urinary _____

Nose _____

Upper Extremities _____

Sinuses _____

Lower Extremities _____

Mouth _____

Neurological _____

Teeth _____

Feet _____

Tonsils _____

Spine _____

Laboratory findings: (note: the following must be within the past year)

Urinalysis _____

Hemoglobin _____

1. Do you consider this individual physically and emotionally fit for employment by the university?

2. Is a normal work load advised? Yes _____ No _____ if No, please give reasons _____

3. Is any medical care to be continued while in employment? Yes _____ No _____

4. Is there any reason why this person should not participate in regular university assignments? Yes _____
No _____ if yes please give reason _____

5. Remark (any special health problems or precautions) _____

Date of examination _____

Please note:

Signature of physician _____

This report form must bear the official stamp of the physician.

Name of physician _____

(Please type or print)

Address _____
