

Pre-Placement Physical Exam

Patient Name: _____ DOB: _____

Address: _____

I.D. Presented: _____

Height: ____ ft. ____ in.

Weight: _____ lb.

Resting Heart Rate: _____ Blood Pressure: ____ Normal ____ Elevated Highest Reading ____/____

Physical Readings

General Appearance: ____ Normal ____ Abnormal

HEENT: ____ Normal ____ Abnormal

Lymph Nodes: ____ Normal ____ Abnormal

Chest: ____ Normal ____ Abnormal

Breast: ____ Normal ____ Abnormal

Lungs: ____ Normal ____ Abnormal

Heart: ____ Normal ____ Abnormal

Abdomen: ____ Normal ____ Abnormal

Genitalia ____ Normal ____ Abnormal

Testes ____ Normal ____ Abnormal

Spine ____ Normal ____ Abnormal

Extremities ____ Normal ____ Abnormal

Neurological ____ Normal ____ Abnormal

Skin ____ Normal ____ Abnormal

*If abnormal please verify findings here:

Exam Results: ____ Normal ____ Abnormal*

Date of Exam: _____ Month _____ Day _____ Year

Examiner's Printed Name: _____

Examiner's Title: (MD,ARNP,DA) _____

Examiner's Signature: _____

Examiner's Address: _____

Examiner's Phone: _____