

EXAMINATION FORM

Student Name _____ SS# _____

BLOOD PRESSURE _____ WEIGHT _____

PULSE – RESTING _____ WEIGHT 1 YEAR AGO _____

EXERCISE H.R. FOLLOWING 1 MIN J&J _____ HEIGHT _____

AND FOLLOWING 1 MIN REST _____

URINALYSIS
 PROTEIN mg/dL Neg trace +30 ++ +++ ++++

GLUCOSE g/dL Neg 100 250 500 1000 2000

% Body Fat Tri _____ Supra lilac _____

_____ % Bic _____ Subscap _____

Total MM _____

NORMAL ABNORMAL EXPLAIN

I. Skin			
II. Ear			
Nose			
Throat			
Oral Cavity			
Eye			
III. Lungs			
IV. Breast			
V. Heart			
VI. Abdomen			
Hernia			
VII. Neurologic			

COMMENTS

NORMAL EXAMINATION SIGNATURE _____ M.D. DATE _____