



Annawan  Colona

# Physical Examination

Name: \_\_\_\_\_ (last) \_\_\_\_\_ (first) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Job for which applying: \_\_\_\_\_ Company: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ B/P: \_\_\_\_\_

Vision: without glasses: Right 20/ \_\_\_\_\_ with glasses: Right 20/ \_\_\_\_\_

Left 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_

Color vision: \_\_\_\_\_ Depth perception: \_\_\_\_\_ Peripheral vision: \_\_\_\_\_

Hearing: Right: \_\_\_\_\_ Left: \_\_\_\_\_

### Audiometric

Frequency	500	1000	2000	4000
Right:				
Left:				

	Normal	Abnormal	Remarks: Explain in detail
1. Head, neck, face, scalp			
2. Ears			
3. Nose			
4. Eyes			
5. Mouth, teeth, dentures, gums			
6. Pharynx, tonsils			
7. Chest, breasts, lungs			
8. Heart			
9. Abdomen			
10. Hernia: (location)			
11. Genitalia			
12. Anus, rectal			
13. Upper extremities			
14. Hands: Function			
15. Lower extremities			
16. Feet			
17. Spine			
18. Skin			
19. Neurologic			
20. Psychiatric			
21. Scar, identifying marks			

Special tests results: Urine: \_\_\_\_\_ Glucose: \_\_\_\_\_ Albumin: \_\_\_\_\_ Specific Gravity: \_\_\_\_\_

Blood: \_\_\_\_\_

X-Ray results: \_\_\_\_\_

EKG: \_\_\_\_\_

Pulmonary Function: FVC: \_\_\_\_\_ FEV: \_\_\_\_\_ FEV1/FVC: \_\_\_\_\_ % \_\_\_\_\_

Classification for work (indicate)

I Unrestricted – able to perform all types of work.

II Restricted – Able to work with restriction; specify. (Qualified handicapped) Examples: Respiratory disease, back condition, vision

III Deferred – Not acceptable for any type of work at this time. (Does not include those who can work with restrictions)

Reason for classification: include specific restrictions: \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_



CC PHYSICAL

F-127 C (12/17)