

Medical Examination Report

Patient Information						
First Name		Last Name		Date of Birth		Examination Date
Medical History						
Medical Conditions and History						
Current Medications						
Radiology						
Images Taken						
Summary of Radiological Findings						
Testing						
Height		Weight		Pulse Rate		Pulse Rhythm Regularity
Systolic BP (Seated)		Diastolic BP (Seated)		Systolic BP (Second Reading)		Diastolic BP (Second Reading)
Vision	Unaided			Aided		
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular
Distant						
Near						
Other Vision Test Results						

Patient Information			
First Name	Last Name	Date of Birth	Examination Date
Testing (Continued)			
Hearing Aids ☐ No ☐ Left ☐ Right ☐ Both		Audiometric Test Results	
Lab Results			
Notes			
Physical Examination			
Are the following normal without unusual features?			
General ☐ Yes ☐ No	Ears, Nose, Throat (ENT) ☐ Yes ☐ No	Mouth ☐ Yes ☐ No	Speech ☐ Yes ☐ No
Audiogram Normal ☐ Yes ☐ No	Cardiovascular ☐ Yes ☐ No	Vascular System ☐ Yes ☐ No	Lungs and Chest ☐ Yes ☐ No
Abdomen and Viscera (Including Hernia) ☐ Yes ☐ No		Lymphatic System (Spleen/Lymph Nodes) ☐ Yes ☐ No	
Back/Spine ☐ Yes ☐ No	Extremities/Joints ☐ Yes ☐ No	Endocrine ☐ Yes ☐ No	Genito-urinary ☐ Yes ☐ No
Skin ☐ Yes ☐ No	Locomotor ☐ Yes ☐ No	Neurological System (Including Reflexes) ☐ Yes ☐ No	
Gait ☐ Yes ☐ No	Psychiatric ☐ Yes ☐ No	Urinalysis ☐ Yes ☐ No	
Notes			
Name of Examining Doctor (Printed)		Signature	Date