

*PORT JEFFERSON UFSD
550 SCRAGGY HILL ROAD
PORT JEFFERSON, NY 11777*

PHYSICAL EXAM REPORT

Part I: (to be filled out by employee)

- 1. Print Full Name _____
- 2. Address _____
- 3. Place of Birth _____
- 4. Date of Birth _____

Part II: (Statements to the medical examiner by the employee)

5. Clinical History: List past illnesses, including childhood infections and also operations or severe injuries.

Condition	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Note any recent symptoms such as pain, disturbance of normal functions, or marked loss or gain of weight.

Part III: Record of Examiner

7 **Height** _____ ft. _____ in. **Weight** _____ lbs.

8 **Eyes:** Right eye 20/ _____ Left eye 20/ _____ Correction _____

9 **Ears** Right ear _____ Left ear _____

10 **Thyroid** _____

11 **Lymphatic Glands** _____

12 **Reflexes** _____

13 **Mouth** Teeth and Gums _____

Pharynx _____ Tonsils _____

14 **Lungs** _____

Chest X-Ray _____

15 **Heart** _____

16 **Pulse** Rate _____ Rhythm _____ Quality _____

Blood Pressure Systolic _____ Diastolic _____

Blood Vessels _____

17 **Abdomen** _____

18 **Genito-Urinary Tract:**

Urinalysis: Sp. Gr. _____ Reaction _____

Albumen _____ Sugar _____ Microscopic _____

19 **Skin** _____

Remarks: _____

Medical Examiner: _____

Date: _____

Address _____