

ABNORMAL DETAILS

NORMAL

- HEENT: _____
- Lungs: _____
- Abdomen: _____
- Musculoskeletal: _____
- Genitourinary: _____
- Neurological: _____
- Skin: _____
- Speech: _____

CURRENT MEDICATIONS

Prescription Medications: (Include pain relievers, birth control pills, etc.) _____

Over the Counter Medications: (Include all cold, allergy, headache, vitamins, etc.) _____

ALLERGIES

Drug Allergies: (Include reaction to the medication) _____

All Other Allergies: food, insects, seasons, animals, materials, etc.: (Include reaction) _____

Are there any conditions, physical, emotional or mental which, in your opinion, suggest further examination?

- No - Yes: _____

Do you have any reservations about this candidate's ability to physically perform required duties?

- No - Yes: _____

Examining Physician's Name: _____

(Printed)

(Signature)

Address (including ZIP Code) _____

Date of Examination: _____