

Annual Health Check Up

Personal information	
Name	Age
Date of birth	Contact number
Address	
Emergency contact	Contact number
Medical history	
Current medications	
Allergies	
Alcohol consumption	
<input type="checkbox"/> Non-drinker	
<input type="checkbox"/> Moderate drinker	
<input type="checkbox"/> Heavy drinker	

Smoking status

- Non-smoker
- Former smoker
- Current smoker

Physical activity**Vital signs**

- Systolic blood pressure: _____ mmHg
- Diastolic blood pressure: _____ mmHg
- Heart rate: _____ beats per minute
- Respiratory rate: _____ breaths per minute
- Temperature: _____ degrees Celsius/Fahrenheit

Physical examination

- Height: _____ cm/inches
- Weight: _____ kg/pounds
- Body Mass Index: _____
- Waist circumference:: _____ inches/cm
- Others: _____

Laboratory tests

Other findings**Recommendations****Additional notes**