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