

Medical Examination Report

Patient information			
Name:		Date of birth:	
Gender:		Date of examination:	
Address:			
Contact number:		Email:	
Medical history			
Medications			
Name	Dosage	Frequency	Remarks
Vital signs			
Height:		Weight:	Respiratory rate:
Blood pressure:		Heart rate:	
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							
Hearing							
Hearing aids:	No	Left	Right	Both			
Audiometric test results:							
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 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			

Laboratory tests


Test name	Result

Imaging studies

Study type	Findings

Notes

Healthcare provider information

Name:	License number:
Signature: 	Date: