WEAKLEY COUNTY
GENERAL MEDICAL EXAMINATION RECORD FOR TEACHING

PHYSICIAN'S EXAMINATION

This report is confidential.

NAME _____

Last First Middle

_____

Date of Birth Race Sex Marital Status

_____

Height Weight Average Weight for Height

Name of all illnesses or injuries occurring in the past five years: _____

_____

Vision: Without Glasses: R 20/ L 20/ With Glasses: R/20 L/20

Skin _____ Feet _____ Varicose Veins _____ Posture _____

Lymph Glands _____ Orthopedic _____ Breasts _____

Thyroid _____ Teeth _____ Gums _____

Ears: R ____ L ____ Nose _____ Throat _____ Tonsils _____

Heart _____ Blood Pressure _____ Pulse _____

Arteriosclerosis _____ Dyspnea _____ Edema _____

Lungs _____ X-Ray _____ Date of X-Ray _____

Abdomen _____ Hernia _____ Nervous System _____

Examination if indicated: Genitourinary _____

AnoRectal _____ Pelvis _____

Laboratory urine examination _____ Blood test _____

After careful examination, do you find applicant physically and emotionally sound?

Yes _____ No _____

If not, please provide reasons _____

Date _____ Printed Physicians Name _____ M.D.

Signature _____