



- Central** 284 W 32nd St. Yuma, AZ 85364 (928) 341-4563 #4
- Foothills** 11279 S Glenwood Ave Yuma, AZ 85367 (928)345-6830
- Valley** 1581 S 6th Ave Yuma, AZ 85364 (928)343-0488

PHYSICAL EXAMINATION FORM

EXAM DATE		LAST NAME			FIRST NAME			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
VITAL SIGNS		BP	PULSE	RESP	HGT	WGT	TEMPERATURE		
Without Correction				Glasses		With Correction		Contacts	
VISION	FAR	R 20/	L 20/	BOTH 20/	R 20/	L 20/	BOTH 20/	F	
	NEAR	R 20/	L 20/	BOTH 20/	R 20/	L 20/	BOTH 20/	N	
	DEPTH PERCEPTION				DISTANCE		CLOSE		COLOR PRECEPTION
HEARING/AUDIOMETRIC TEST:									
TEST DATE			LEFT EAR TEST RESULTS						
MO.	DAY	YR	500	1000	2000	3000	4000	6000	8000
			RIGHT EAR TEST RESULTS						
			500	1000	2000	3000	4000	6000	8000
Pulmonary Function Test									
Test Date:									
FVC=		L	FEV1=		L/S	FEV1/FVC=		%	
		NORMAL	ABN	NA	Comments (Describe any Abnormal Findings)				
General									
Skin									
Eyes									
E-N-T									
Mouth									
Neck									
Chest									
Breasts									
Cardiac									
Pulses									
Abdomen									
Hernia									
Genitalia									
Rectal (>40 yo.)									
Lymph									
Back									
Joints,Extremities									
Galt									
Neurologic									
EKG									
PFT									
CXR									
Urinalysis									
Hearing									
Blood Test									
Impressions: [] Normal Exam [] Other:									
Recommendations: _____									
Examining Physician (Print)				PHYSICIAN SIGNATURE			DATE		