

# CERTIFICATE OF PHYSICAL EXAMINATION

Name: \_\_\_\_\_

Last

First

Middle

Gender:  Male     Female

Date of Birth: \_\_\_\_\_ (MM/DD/YY)

Height: \_\_\_\_\_ cm

Weight: \_\_\_\_\_ kg

Vision: (R) \_\_\_\_\_ (L) \_\_\_\_\_

Corrected Vision: (R) \_\_\_\_\_ (L) \_\_\_\_\_

Hearing: (R)  Normal     Abnormal    (L)  Normal     Abnormal

Urinalysis: Occult Blood \_\_\_\_\_ Protein \_\_\_\_\_ Sugar \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ mmHg

Chest X-ray examination:

- Date of Examination: \_\_\_\_\_ (MM/DD/YY)

- Comments

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Other remarks if any:

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In my opinion, the general state of the applicant's health and physical conditions is; Excellent / Good / Fair / Poor \*Circle a proper statement.

I hereby certify the above statement.

Date of Examination: \_\_\_\_\_ (MM/DD/YY)

Medical Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Signature: \_\_\_\_\_