PHYSICAL EXAM To be completed by Nurse/Provider

	Ht:	Wt:	Pulse:	BP:	
N.				OD.	
Name:				OB:	
V/41	Classes	Contrata	Vision	L I -0. 20/	Colon Donomico
Vith correction:	Glasses	Contacts	Right: 20/	Left: 20/	Color Perception
Vithout correction:			Right: 20/	Left: 20/	
PPD Chest X-ray (if PPD ever Positive)	Date:	Result: Negative Result	Positive	mm	
LAB WORK:	Urine Drug Sc	ereen Negative	Positive		
No Examination Re	quired				
	BODY PART				
	BUDY PARI				
	BODY PARI				
	BODY PARI		Assessment/Plan		
Medically cleared Medical clearance	without restrictions	ther evaluation: (Explain)	Assessment/Plan		
Medically cleared Medical clearance	without restrictions	ther evaluation: (Explain)	Assessment/Plan		
Medically cleared Medical clearance	without restrictions	ther evaluation: (Explain)	Assessment/Plan		