

Physician's Health Center
1448 N. Krome Ave. - Suite 101
Florida City, Florida 33034
(305) 245-0222

PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION

NAME: Dayana Ramos DATE: 8-29-23
HEIGHT: 64" WEIGHT: 110 TEMP: 97.8 PULSE: 64 RESPIRATION: 16 BP: 100/70
LAB:
URINE ALBUMIN 0 SUGAR 0 PH 5.0 BLOOD 0 SP 10/10
VISION:
(without correction) 20/ 30 20/ 30 (with correction) 20/ 20/
RIGHT LEFT RIGHT LEFT
HEARING: 5' 5' COLOR VISION: passed DEPTH PERCEPTION: passed
RIGHT LEFT

Diagnosis & Comments: _____

NOTE EACH ITEM IN APPROPRIATE COLUMN - ENTER "NE" IF ITEM NOT EVALUATED:

NORMAL

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> | 1. Head, Face, Neck and Scalp |
| 2. <input checked="" type="checkbox"/> | 2. Nose |
| 3. <input checked="" type="checkbox"/> | 3. Sinuses |
| 4. <input checked="" type="checkbox"/> | 4. Mouth and Throat |
| 5. <input checked="" type="checkbox"/> | 5. Ears, general (internal & external, acuity) |
| 6. <input checked="" type="checkbox"/> | 6. Ear drums (perforation) |
| 7. <input checked="" type="checkbox"/> | 7. Eyes, general (visual acuity) |
| 8. <input checked="" type="checkbox"/> | 8. Pupils (equality & reaction) |
| 9. <input checked="" type="checkbox"/> | 9. Ocular motility (parallel movement, Nystagmus) |
| 10. <input checked="" type="checkbox"/> | 10. Lungs & chest (including breasts) |
| 11. <input checked="" type="checkbox"/> | 11. Heart (thrust, size, rhythm, sounds) |
| 12. <input checked="" type="checkbox"/> | 12. Vascular system |
| 13. <input checked="" type="checkbox"/> | 13. Abdomen/viscera (including hernia) |
| 14. <input checked="" type="checkbox"/> | 14. Anus & rectum (hemorrhoids, fistula, prostate) |
| 15. <input checked="" type="checkbox"/> | 15. Endocrine system |
| 16. <input checked="" type="checkbox"/> | 16. Genito-urinary system (hydrocele) |
| 17. <input checked="" type="checkbox"/> | 17. Identifying marks (scars, tattoos) |
| 18. <input checked="" type="checkbox"/> | 18. Skin & lymphatics |
| 19. <input checked="" type="checkbox"/> | 19. Neurologic (tendon reflexes, equilibrium) |

ABNORMAL

- | |
|------------------------------|
| 1. <input type="checkbox"/> |
| 2. <input type="checkbox"/> |
| 3. <input type="checkbox"/> |
| 4. <input type="checkbox"/> |
| 5. <input type="checkbox"/> |
| 6. <input type="checkbox"/> |
| 7. <input type="checkbox"/> |
| 8. <input type="checkbox"/> |
| 9. <input type="checkbox"/> |
| 10. <input type="checkbox"/> |
| 11. <input type="checkbox"/> |
| 12. <input type="checkbox"/> |
| 13. <input type="checkbox"/> |
| 14. <input type="checkbox"/> |
| 15. <input type="checkbox"/> |
| 16. <input type="checkbox"/> |
| 17. <input type="checkbox"/> |
| 18. <input type="checkbox"/> |
| 19. <input type="checkbox"/> |

Notes: Describe every abnormal in detail, enter applicable item # before each comment.

9 Normal except strabismus in L eye

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I hereby certify that I personally examined the applicant named on this Medical Examination Report, and in my opinion physical requirements for the proposed job can reasonable be met by this applicant: ☒ yes ☐ no

XRAY EXAMINATION REQUIRED (XRAYS ONLY IF WARRANTED BY INJURY/ILLNESS/HISTORY): ☐ YES ☐ NO
A) Spine (complete back) ☐ B) Knees ☐ C) Shoulders ☐ D) Chest ☐ Passed ☐ Rejected

This in to certify that the examination performed on _____ revealed no evidence of dii involving the above mentioned body areas and should be able to handle the heavy work which he/she may be assign

Physician's Signature Evelin Montero, MD. M.D.
FL License # ACN1287
Address: National Registry # 4539135394