



NON-DOT PHYSICAL EXAM FORM

Name: _____ Phone: _____

Date of Birth: _____ Date of Exam: _____

Height: _____ Ft. _____ In. Weight _____ lbs. BP _____ / _____ T _____ P _____ R _____

General Appearance:

Skin:

Mental Status:

Color Vision:

Thyroid:

Thorax:

Lymph Nodes:

Lungs:

Abdomen:

Spine Curvature:

Extremities: Upper:

Lower

HEENT:

Hygiene:

Vision (Gross/Corrected) Near: R _____ / _____ L _____ / _____

Far: R _____ / _____ L _____ / _____

Hearing (Whispered Voice): R _____ L _____

Heart:

Scars:

Genital:

Spine Mobility:

Reflexes:

Summary of Significant Findings: _____

Full Clearance [] Clearance Hold [] Conditional Clearance [] Rejection []

Provider Signature/Title

Date