

# **PHYSICAL EXAMINATION QUESTIONNAIRE**

## **(Static Form - For Testing)**

*Please complete the following information:*

Full Name:	_____
	Kevin Smith
Date of Birth:	_____
	01/15/1995
Phone Number:	_____
	(555) 123-4567
Email Address:	_____
	kevin.smith@example.com
Current Medications:	_____
	Lisinopril 10mg daily
Known Allergies:	_____
	Penicillin