



Surname	Given names
Born	Profession/Title

PHYSICAL EXAMINATION

1. General condition Height _____ cm

Appearance healthy pale sickly Weight _____ kg

Nutrition fat average thin Chest measure _____ cm

2. Physique strong average weak

Musculature strong average weak

Spine normal Chest wide average shallow narrow

Extremities normal Feet normal low flat

Malformations or troublesome scars no

3. Lungs

4. Heart Blood Pressure
Systolic / Diastolic

5. Teeth good satisfactory poor

6. Urine Albumen Sugar

7. Vision without glasses with glasses normal Eye diseases

8. Hearing normal Ear diseases

9. Signs of tuberculosis or other contagious diseases no

10. Remarks _____

On the basis of this examination I consider the applicant to be ablebodied and not a carrier of any contagious disease.

Place _____ Date _____

Signature of applicant _____ Signature of examining physician _____