National Aeronautics and Space Administration

Headquarters Employee Health Clinic Physical Examination Worksheet

Last Name - First Name - Middle Name	Date of Birth	Social Security No.	Exam Type	Date of Exam/M.D.

Blood Pressure L.R.		Pulse			Date of Exam/R.N.
Systolic	Diastolic	Pulse	Theoretical Max. Heart Rate	85% of Max.	

CLINICAL EVALUATION			NOTES
Normal	Abnormal	DESCRIPTION *(Check each item in appropriate column. Enter "N.E." if not evaluated)*	WAIST _____ HIP _____ RATIO _____
		1. Head, Face, Neck, Scalp	
		2. Nose	
		3. Skin, Lymphatics	
		4. Mouth and Throat	
		5. Ears - General	
		6. Drums (Perforation)	
		7. Eyes - General	
		8. Opthalmoscopic	
		9. Pupils	
		10. Ocularmotility	
		11. Lungs, Chest	
		12. Neurologic	
		13. Deep tendon reflexes R. L.	
		forearm extensor	
		biceps tendon	
		patellar tendon	
		achilles tendon	
		14. Heart	
		15. Breasts	
		16. Abdomen	
		17. Vascular System	
		Pulses R. L.	
		Femoral	
		Popliteal	
		Dorsalis pedis	
		Posterior tibial	
		18. Upper Extremities	
		19. Lower Extremities	
		leg length	
		feet	
		20. Hernia	
		21. G.U. System	
		22. Spine, Mobility, Tenderness	
		23. Endocrine System	
		24. Anus and Rectum	
		25. Identifying Body Marks,	
		Scars, Tattoos	
		26. Psychiatric	Smoker _____ Non Smoker _____

VISUAL PERFORMANCE PROFILE

FAR		NEAR			Rx	
			s̄	c̄	None:	
Lateral		Right:	20/	20/	Always:	
Vertical		Left:	20/	20/	Bifocals:	
	s̄ c̄	Both:	20/	20/	TONOMETRY *(AO Non-contact tonometry)*	
Right:	20/ 20/		YEARS	MONTHS		
Left:	20/ 20/	Change in Rx			Normal 10 to 22: O.D.	
Both:	20/ 20/					
Color		Last Examined			O.S.	

PELVIC OR RECTAL EXAMINATION			
Nulliparous:	Age		
Marital:	Sex	M	F
Good Support:	Ht.		
No Cystocele:	Wt.		
No Rectocele:	Temp.		
No Discharge:	OCCULT BLOOD IN STOOL		
	Negative _____ (times)		
	Positive _____ (times)		