

PHYSICAL EXAM FORM					
Name (Last, First, Middle)					
Note to Practitioner: Please complete the physical exam form below. Based on your knowledge of the individual and the information from the physical exam that was performed.					
Vital Signs					
Height	Weight	Blood Pressure	Pulse	Temperature	Respirations
Corrected distance vision:		Right Eye / 20	Left Eye / 20		
Can the member hear a normal conversational voice at a distance of 6 feet with the member's back to the examiner?					
Physical Examination					
	Normal Yes No	Describe Abnormalities			
General Appearance					
Orientation					
Skin					
HEENT					
Heart					
Lungs					
Abdomen					
Hernia					
Neurological					
Urological					
Endocrine					
Psychological					
Joints					
Back					
Physical Participation Category (Check One)					
<input type="checkbox"/>	Category I - Unrestricted. Member is in good health, and may participate in any physical activity without restrictions.				
<input type="checkbox"/>	Category II - Temporarily Restricted. Temporarily restricted from some or all physical activities due to a temporary medical condition or injury. (Specify restrictions and duration.)				
<input type="checkbox"/>	Category III - Partially Restricted. Permanently restricted from some physical activities due to medical condition or injury that is chronic or permanent in nature. (Specify restrictions.)				
<input type="checkbox"/>	Category IV - Indefinitely Restricted. Unable to participate in physical activities and is generally only capable of sedentary activity.				
List Restrictions And Duration					
Certifying Practitioner (MD, DO, PA, NP)					
Name		Address		Phone	
Date of Examination		Signature			



SCAN QR CODE TO SUBMIT AND SIGN THIS FORM DIGITALLY
OR

Visit <https://zfrmz.com/DkGK2V1gVtcgTVel7aKs>