NAME	IDENTIFICATION NUMBER	NO. OF SHEETS ATTACHED

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
				☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	

26. BLOOD PRESSURE *(Arm at heart level)*						27. PULSE *(Arm at heart level)*				
A. SITTING	SYS. / DIAS.	B. RECUMBENT	SYS. / DIAS.	C. STANDING *(5 mins.)*	SYS. / DIAS.	A. SITTING	B. RECUMBENT	C. STANDING *(3 mins)*	D. AFTER EXERCISE	E. 2 MINS. AFTER

28. DISTANT VISION		29. REFRACTION			30. NEAR VISION		
RIGNT 20/	CORR. TO 20/	BY	S.	CX	20/	CORR. TO	BY
LEFT 20/	CORR. TO 20/	BY	S.	CX	20/	CORR. TO	BY

31. HETEROPHORIA *(Specify distance)*

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION		33. COLOR VISION *(Test used and result)*	34. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED
RIGHT	LEFT	VTS: CV	OVT	CORRECTED
35. FIELD OF VISION		36. NIGHT VISION *(Test used and score)*	37. RED LENS TEST	38. INTRAOCULAR TENSION
RIGHT	LEFT			RIGHT / LEFT

39. HEARING			40. AUDIOMETER								41. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*
RIGHT W/V	/15SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RAT:
LEFT W/V	/15SV	/15	RIGHT									ARMA:
			LEFT									

42. NOTES *(Continued)* AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE *(Check)*

A. ☐ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

45B. PHYSICAL CATEGORY

A	B	C	E

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF ~~PHYSICIAN~~ TECH	SIGNATURE
49. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	SIGNATURE
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE