

Physical Examination report



| PHYSICAL ASSESSMENT FORMAT | | | |
|-----------------------------------|--|-----------------------|--|
| Date of Examination | | | |
| NAME | | | |
| AGE | | Gender | |
| HEIGHT(cm) | | WEIGHT (kg) | |
| Chest (cm) inspiration | | Chest (cm) expiration | |
| Waist (cm) | | Pulse Rate | |
| B.P. | | Respiration Rate | |
| Present Ailments (if any) | | | |
| Details of Past ailments (if any) | | | |
| Details On Medications (if any) | | | |

* Use additional sheets if required

(Signature)

(Name, address and contact details of the examiner with seal)