

**Physical Evaluation Summary Sheet – FOR A PHYSICIAN TO COMPLETE**

**Importance of Examination:** It is important for the examiner to identify all medical conditions which will require follow-up medical care or could be adversely affected by environmental conditions, such as air pollution or poor sanitation. The consequences of not identifying pre-existing health problems could be extremely serious for the examinee. As you perform the examination, keep in mind that the examinee may be assigned to a developing country where sophisticated medical care is not available, or will live in an area which can be very physically and emotionally demanding at times. All reports must be in English.

Date of Exam: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	Abnormal	Notes
Skin			
Head, Neck, Thyroid			
Ear, Nose and Throat (ENT)			
Hearing			
Eyes			
Lungs			
Breasts			
Heart			
Genitourinary (GU)			
Gastrointestinal (GI)			
Vascular System			
Extremities and spine			
Neurological (reflexes and muscle strength)			

Please include a list of patient’s medications: \_\_\_\_\_

\_\_\_\_\_

Comments/Recommendations for treatment/further follow up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physicians signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians name and address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_