

**SKOWHEGAN REGIONAL VOCATIONAL CENTER**  
**Health Care Careers**  
**Health Appraisal & Physical Examination**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

**PHYSICAL EXAMINATION—to be filled out by a licensed physician**

CODE: S = Satisfactory X = Unsatisfactory (explain)

Height _____	B.P. _____	Urinalysis Test Done _____
Weight _____	Hgb. Test Done _____	
Eyes _____	Extremities _____	
Ears _____	Posture (spine) _____	
Nose _____	Skin _____	
Throat _____	Allergies (please specify) _____	
Teeth _____	_____	
Heart _____	_____	
Lungs _____	_____	
Abdomen _____	General Appraisal _____	
Genitalia _____	_____	
Hernia _____	_____	

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I have examined \_\_\_\_\_ and in my opinion,  
there is no mental or physical reason why he/she should not participate in Health  
Care Careers.

Physician's Signature \_\_\_\_\_  
Print/Type Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

OVER