

**PHYSICAL EXAMINATION FORM
NAVAL HOSPITAL BREMERTON**

HEADSTART: _____	ANNUAL: _____	SPORTS: _____
DATE: _____	APPOINTMENT TIME: _____	DR/HCP: _____

Height: cm _____ Inches _____	VISION	Audio Screening P = pass F = fail				
Weight: Kg _____ lbs: _____	w/glasses L: 20/____ R: 20/____	dbHL	1000	2000	4000	50
BP: _____ P: _____ R: _____	w/o glasses L:20/____ R:20/____	20				
Allergies:						
Current Medications:		L				
		25				
Immunizations Current: Yes <input type="checkbox"/> No <input type="checkbox"/>		R				
		L				
Illnesses or Injuries		40				
		R				
		L				
COMMENTS:						

Addressograph

NHBREM 6200/27(2-00)

GENERAL APPEARANCE	
HEAD & NECK	
ENNT:	
CHEST:	
HEART:	
PULSE:	
ABDOMEN:	
GENITALIA:	
EXTREMETIES:	
NEUROMUSCULAR:	
SKIN:	
IMPRESSION:	
PLAN: LAB (circle)	CBC
IMMUNIZATIONS: (to be given – circle)	HBV DtaP OFV MMR PPD VARIVAX
MEDICINES:	
ANTICIPATORY GUIDANCE	
RETURN VISITS	
HCP STAMP AND SIGNATURE	

