

Height: _____ ft. _____ in.

Weight: _____ lbs.

Health History

Yes	No	Asthma	Yes	No	Head or Spinal injuries
Yes	No	Kidney	Yes	No	Seizures, convulsions or fainting
Yes	No	Tuberculosis	Yes	No	Any nervous disorder
Yes	No	Diabetes	Yes	No	Extensive confinement by illness or injury
Yes	No	Nervous stomach	Yes	No	Permanent defect from illness, disease or injury
Yes	No	Rheumatic fever			
Yes	No	Muscular disease	Yes	No	Psychiatric disorder
Yes	No	Cardiovascular disease	Yes	No	Severe menstrual pain (girls only)
Yes	No	Gastrointestinal ulcer	Yes	No	Suffering from any other disease

If answer to any of above is "Yes," please explain _____

General appearance and development: Good _____ Fair _____ Poor _____

Vision: For distance: Right 20/_____ Left 20/_____ W/O corrective lenses _____

With corrective lenses if worn _____ Color test _____

Evidence of disease or injury: Right _____ Left _____

Horizontal field of vision: Right _____ Left _____

Hearing: Right ear _____ Left ear _____

Disease or injury _____

Throat: _____

Thorax: Heart _____

If organic disease is present, is it fully compensated? _____

Blood pressure: Systolic _____ Diastolic _____

Pulse: before exercise _____ immediately after exercise _____

Lungs: _____

Abdomen: Scars _____ Abnormal masses _____ Tenderness _____

Hernia: Yes _____ No _____ If so, where? _____

Gastrointestinal: Ulceration or other diseases: Yes _____ No _____

Genito-Urinary: Scars _____ Urethral discharge _____

Reflexes: Rhomberg _____

Pupillary _____ Light: R _____ L _____

Accommodation: Right _____ Left _____

Knee Jerks: Right: Normal _____ Increased _____ Absent _____

Left: Normal _____ Increased _____ Absent _____

Remarks: _____

Extremities: Upper _____ Lower _____ Spine _____

H/H _____ Urine: Blood & Sugar _____

General Comments _____