

**Department of Education  
Government of Guam**

**Report of Medical Examination**

1. Name: _____ (Last) (First) (Middle)			2. SSN#: _____	3. Position: _____
4. (Number, Street or RFD, City, State)			5. Sex [ ] M or [ ] F	6. Race
7. Birth Date: _____	8. Birth Place: _____		9. Next of Kin (Name) (Relationship)	
10. Address of Next of Kin (Number, St., RFD, City, State)			11. Date of Examination	

**ALL ITEMS BELOW THIS LINE ARE TO BE COMPLETED BY PHYSICIAN ONLY**

12. Height	13. Weight	14. Col-Hair	15. Col.-Eyes	16. Build [ ] Slender [ ] Medium [ ] Heavy [ ] Obese	17. Hearing RT WV/155v/ LT WV/155v/
18. Vision [ ] CORREC to 20 [ ] CORREC to 20	19. Blood Pressure (arm at Heart Level) SITTING Sys Dias		Reclum Bent	20. Pulse (Heart Low) Sys Dias 2 MI Aft	
Recum			Aft. Stand 3 minutes		

**Clinical Evaluation**

Enter each item (2-43 in prop.)  
Colm. Ent. N.E. if not evaluated

Describe each abn.  
(Item no. below for

**Normal**

**Abnormal**

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21. Head, face, Neck & Scalp
22. Nose
23. Sinuses
24. Mouth & Throat
25. Ears-General (Int. & Ext. Can)  
(Aug. Acu. is 16)
26. Drums (Perforation)
27. Eyes-General (Vis. acu. is item 18)
28. Opthalmoscopic
29. Pupils (Equality & Reaction)
30. Ocular Mot. (Assoc. par. movem, nystahmus)
31. Lung & Chest (Inc. breasts)
32. Heart (Thrust, size, rhym sound)
33. Vas. Sys (Varsities, etc.)
34. Adb. & Vis. (Inc. Hernia)

Report of Medical Examination

Normal

Abnormal

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- 35. Anus & Rect. (Hemo., fistulae)  
(Pros. if indicated)
- 36. Endoerlae
- 37. C-U System
- 38. Upper Extrmts (Strength  
(Range of Motion)
- 39. Feet
- 40. Lower Extr. (Except Feet  
(Strength, Range of Motion)
- 41. Spines & Oth. Musculo-Skeletal
- 42. Iden. body marks, scars, tat.
- 43. Skin Lymohatics
- 44. Pelvic (Females Only)

Check how \_\_\_\_\_ Vaginal

Laboratory Findings

45. Urinalysis:  Date:	46. Chest X-Ray (Pla. film)  Date:	47. Serology (Specify Test & Urine Results)  Date:
48. Albumin Sugar Miscroscopic  Date:		
49. Other Tests		50. No. of Attachment

Remarks: (Continuation of Clinical Examination Comments) Recommendations Summary of mental or physical defects & Diagnosis: (Use additional sheets of plain paper if necessary)

Based on the result of the examination, the examinee:

- Does meet health and physical condition standard deemed necessary and proper for the performance of the duties and responsibilities of the position indicated under Item number 3.
- Does not meet the health and physical condition standard deemed necessary and proper for the performance of the duties and responsibilities of the position indicated under item number 3.

\_\_\_\_\_  
 Type or Print Name of Examining Physician

\_\_\_\_\_  
 Signature of Examining Physician

\_\_\_\_\_  
 Address of Examining Physician (Number, Street, RFD, City, State)