None

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS - GENERAL (Int & ext. canals)(Auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
✓	24. EYES - GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
✓	28. LUNGS AND CHEST (Include breasts)	
✓	29. HEART (Thrust, size, rhythm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (Strength, range of motion)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
✓	39. IDENTIFYING BODY MARKS,SCARS,TATTOOS	
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (Equilibrium tests under item 72)	
✓	42. PSYCHIATRIC (Specify any personality deviation)	
N/A	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Knees patent

#36 FEET

NORMAL ARCH

PES CAVUS — mild, moderate, severe — asymptomatic / symptomatic

PES PLANUS

(Continue in item 73)

ITEM 50 OTHER TEST	PLACE FIRST SPECIMEN ID LABEL HERE 8052844		PLACE SECOND SPECIMEN ID LABEL HERE	
09 JUL	FIRST TEST		SECOND TEST	
	RESULTS	CODE	RESULTS	CODE
HIV	neg	53		
DRUGS	Neg	K1		
ALCOHOL	Neg			

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth: 1 2 3 / 32 31 30 — 0

Non-restorable teeth: 1 2 3 / 32 31 30 — /

Missing teeth: 1 2 3 / 32 31 30 — X

Replaced by dentures: X X X / 1 2 3 / 32 31 30 / X X X

Fixed partial dentures: (X) / 1 2 3 / 32 31 30 / (X)

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

ACCEPTABLE

NOT ACCEPTABLE

(DENTAL EXAMINATION NOT DONE BY DENTAL OFFICER)

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY

B. ALBUMIN - REAGENT STRIP Neg

C. SUGAR - REAGENT STRIP Neg

D. MICROSCOPIC —

46. CHEST X-RAY (Place, date, film number and result)

PLACE AS IN ITEM 15; FILM NO. _____

DATE _____ RESULT _____

47. SEROLOGY (Specify test used and result)

RPR _____

48. EKG —

49. BLOOD TYPE AND RH FACTOR —

50. OTHER TESTS

HIV ANTIBODY: ELISA _____ WESTERN BLOT _____

URINE HCG: _____