

Health and Wellness Information (Confidential)

Recent Medical Procedures

Allergies

Procedure

Date

Physical Examination Information (to be completed by your doctor) Date:

____ / ____ / ____

Lung Sounds		Pulse	
Blood Pressure		Rhythm	
Height		Weight	
Pregnant? Signature		Miscellaneous Date	

Any Identifying Scars or Birth Marks?

Immunization Information (Date received)

Yellow Fever	Tetanus	Diphtheria
Cholera	Hepatitis A	Meningitis
Polio	Typhoid	TB Skin Test