



Southwestern Indian Polytechnic Institute

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1-800-586-SIPI

Physical Examination Form - To be filled out by Physician

1. NAME (LAST, FIRST, MIDDLE)		2. NAME OF SCHOOL			3. REGISTRATION NO.	
4. OTHER NAMES USED (LAST, FIRST, MIDDLE)		5. DEGREE OF BLOOD	6. TRIBE		7. TRIBAL ID NO.	
8. PERMANENT ADDRESS OF PARENT OR GUARDIAN					9. DATE OF EXAM	
10. PLACE OF BIRTH	11. DATE OF BIRTH	12. AGE	13. SEX	14. OTHER CLINIC OR SCHOOL ATTENDED		
15. FATHER'S NAME	16. PLACE OF BIRTH		17. MOTHER'S MAIDEN NAME		18. PLACE OF BIRTH	
19. SIGNIFICANT FAMILY HISTORY (List tuberculosis, venereal disease, diabetes, epilepsy, trachoma in family. Also if parents not living, indicate cause of death.)						

20. SIGNIFICANT PERSONAL HISTORY (List, with dates where possible, history of rheumatic fever, chorea, tuberculosis, asthma, convulsive disorder, diabetes, otitis media, pneumonia, trachoma, other serious illness or hospitalization and menstrual history.)

21. SIGNIFICANT SOCIAL HISTORY:

MEASUREMENTS AND OTHER FINDINGS

22. HEIGHT	23. WEIGHT	24. BUILD			25. BLOOD PRESSURE (Arm at heart level)		
		SLENDER	MEDIUM	HEAVY	OBESE	A. Systolic	B. Diastolic
26. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score.)							

Physical Examination Form - To be filled out by Physician (Continued)

27. CLINICAL EVALUATION (Check each item in the appropriate column.)

NORMAL	AB-NORMAL	NOT EVALUATED	ITEM	NOTES: (Describe every abnormality in detail. Enter pertinent item letter before each comment.)
			A. HEAD, FACE, NECK AND SCALP	
			B. NOSE	
			C. SINUSES	
			D. MOUTH AND THROAT	
			E. EARS - GENERAL	
			F. DRUMS (Perforation)	
			G. EYES - GENERAL (include examination for Trachoma)	
			H. OPHTHALMOSCOPIC	
			I. PUPILS AND OCULAR MOTILITY	
			J. LUNGS AND CHEST	
			K. HEART AND VASCULAR SYSTEM	
			L. ABDOMEN AND VISCERA (include hernia)	
			M. ANUS AND RECTUM	
			N. ENDOCRINE SYSTEM (include indication of puberty)	
			O. G-U SYSTEM	
			P. UPPER EXTREMITIES	
			Q. FEET AND LOWER EXTREMITIES	
			R. SPINE, OTHER MUSKULOSKELETAL	
			S. IDENTIFYING BODY MARKS, SCARS, TATOOS	
			T. SKIN LYMPHATICS	
			U. NEUROLOGIC	
			V. PSYCHIATRIC (specify any known personality deviation)	

28. SUMMARY OF DEFECTS AND DIAGNOSIS (List diagnoses with item letters. Include allergies, especially drug allergies.)

29. RECOMMENDATIONS (Further specialist examinations and follow-up indicated. Specify)

30. SIGNATURE OF EXAMINING PHYSICIAN & NAME OF FACILITY OR CLINIC

DATE