

Luna Community College Rough Rider Physical Examination Form

Name:

Date:

Height:

Weight:

Pulse:

BP:

Glasses Yes No Contacts Yes No Vision R 20/ _____ L 20/ _____ Both 20/ _____

Medical

Normal

Abnormal Findings

Appearance _____

Heart _____

Pulses _____

Lungs _____

Lymph Nodes _____

Ears _____

Nose/Sinuses _____

Mouth/Teeth _____

Throat _____

Abdomen _____

Genitalia _____

Skin _____

Reflexes _____

Additional Comments: