

## To the physician

Please review the "Personal Health History" provided by the patient, conduct a physical examination, and complete this form. Attach additional information if necessary. When you have completed the examination, give the form in a sealed envelope to the missionary candidate. Your thorough evaluation and completion of this form is greatly appreciated.

### Patient Information

Missionary Name		Record Number		
Height <input type="checkbox"/> in. <input type="checkbox"/> cm.	Weight <input type="checkbox"/> lbs. <input type="checkbox"/> kg.	Blood Pressure	Pulse	Vision (with corrective lenses, if required)  Left                      Right

### Evaluation

Mark whether normal or abnormal. Leave blank if not examined. If abnormal, please give specific details in the space provided.

Category	Normal	Abnormal	Details
Skin			
Ears, balance			
Mouth, teeth, gums, jaw			
Nose, throat, neck, thyroid			
Chest and lungs			
Heart, blood vessels ( <i>murmurs</i> )			
Abdomen ( <i>masses, liver, spleen</i> )			
Back ( <i>disability, range of motion</i> )			
Upper extremities			
Lower extremities			
Genitalia, varicocele, hernia			
Breast and pelvic ( <i>if indicated by history</i> )			
Laboratory Tests	Result		
Hemoglobin or hematocrit ( <i>circle test given</i> )			
Chest X-ray			

Immunization dates:

Tetanus/diphtheria/pertussis #1 _____	Tetanus/diphtheria/pertussis #2 _____
MMR #1 _____	MMR #2 _____
Polio _____	_____
Hepatitis A _____	_____
Hepatitis B _____	_____
Influenza _____	_____
COVID-19 (vaccine name, dates) _____	_____

Physician name ( <i>printed</i> )	Physician signature	Date
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