MEDICAL RECORD			PHYSICAL EXAMINATION						
DATE OF EXAM	HEIGHT		WEIGHT			PULSE	BLOOD PRESSURE		
		AVERAGE	MAXIMUM	PRESENT					

INSTRUCTIONS - Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Breast; (11) Lungs; (12) Cardiovascular; (13) Abdomen; (14) Hernia; (15) Genitalia; (16) Pelvic; (17) Rectal; (18) Prostate; (19) Back; (20) Extremities; (21) Neurological; (22) Skin; (23) Lymphatics.

(Continue on reverse side)

		1	,					
RELATIONSHIP TO SPONSOR	OI OIVOOITO IVIVIL						SPONSOR'S ID NUMBER	
	LAST		FIRST			МІ	- (SSN or Other)	
DEPART./SERVICE		HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT				
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)				REGISTER	R NO.		WARD NO.	

PHYSICAL EXAMINATION Medical Record

STANDARD FORM 506 (REV. 2-99)

Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

LAST NAME	FIRST NAME		MIDDLE INITIAL	ID NUMBER
	PHYSICAL E	EXAMINATION		
INITIAL IMPRESSION				
SIGNATURE OF PHYSICIAN		NAME OF PHYSICIAN		