

## GUAM MEMORIAL HOSPITAL AUTHORITY

<b>REPORT OF MEDICAL EXAMINATION</b> GMH 6000/167 (11-72)		<b>Social Security No.</b>	
<b>1. Name (Last, First, Middle)</b>		<b>2. Sex</b>	<b>3. Race</b>
<b>4. Address (Number, Street or RFD, City, State)</b>			
<b>5. Birthdate</b>	<b>6. Birthplace</b>	<b>7. Next of Kin (Name – Relationship)</b>	
<b>8. Address of Next of Kin</b>		<b>9. Date of Examination</b>	
<b>Type or Print Name of Examining Physician</b>		<b>Signature of Examining Physician</b>	
<b>Address of Examining Physician (Number, Street or RFD, City, State)</b>			<b>No. Sheets Attached</b>

**FOR USE OF DEPARTMENT PERSONNEL**

Examinee is Being Considered For The Position Of

**FOR USE OF DEPARTMENT OF MEDICAL SERVICES**

Exam on the Basis of This Examination:

Is Qualified For This Position  
 Is Not (attach comments if des.)

Signature of Director of Medical Service or its Representative

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**ALL ITEMS BELOW THIS LINE ARE TO BE COMPLETED BY A PHYSICIAN ONLY!**

<b>10. Height</b>	<b>11. Weight</b>	<b>12. Color of Hair</b>	<b>13. Eyes</b>	<b>14. Build</b> <input type="checkbox"/> Slender <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Obese	<b>15. Hearing</b> RT WV/155 V/15 LT WV/155 V/15
<b>16. Vision</b> RT 20/Correc' to 20/	<b>17. Blood Pressure (Arm at Heart Level)</b>			<b>18. Pulse (Heart Level)</b>	
	<b>Sitting</b>	<b>Sys Dias</b>	<b>Recum Bent</b>	<b>Sitting Aft Exercise</b>	<b>2 ML AFT</b> <b>Recum Bent</b> <b>Aft Standing 3NUBYTES</b>

**CLINICAL EVALUATION**

(Enter each item 19-42 in proper column, Enter N.E. if not evaluated)

**COMMENTS**

(Describe each abnormality item no. below for comments)

NORMAL	ABNORMAL	ITEM	
		<b>19. Head, Face, Neck &amp; Scalp</b>	
		<b>20. Nose</b>	
		<b>21. Sinuses</b>	
		<b>22. Mouth &amp; Throat</b>	
		<b>23. Drums (Perforation)</b>	
		<b>24. Ears – General (Int. &amp; Ext. con aud. Ocu is item 15)</b>	
		<b>25. Ophthalmoscopic</b>	
		<b>26. Eyes-Gener (Vis. Ocu is item 16)</b>	
		<b>27. Pupils (Equality &amp; Reaction)</b>	
		<b>28. Ocular Mot. (Assoc. Par., Movem, Mystog.)</b>	
		<b>29. Lungs &amp; Chest (Incl. Breasts)</b>	
		<b>30. Heart (Thrust, size, rhym, sound)</b>	
		<b>31. Vas. Svs. (Var, Sities, etc.)</b>	
		<b>32. ABD. &amp; VIS (Incl Hernia)</b>	
		<b>33. Anus &amp; Rectum (Hemo. Fistulae Pros, if indicated)</b>	
		<b>34. Endrocine</b>	
		<b>35. G-U System</b>	
		<b>36. Upper Extremities (Strength, Range, motion)</b>	
		<b>37. Feet</b>	
		<b>38. Lower Extremities except feet motion</b>	
		<b>39. Spine &amp; Oth. Musculo-skeletal</b>	
		<b>40. Iden. body marks, scars, tattoo</b>	
		<b>41. Skin Lymphatics</b>	
		<b>42. Pelvis (females only)</b>	
		Check how done: <input type="checkbox"/> Vaginal <input type="checkbox"/> Rectal	