



# Physical Examination Form

(Please type or print neatly)

NAME _____		DOB _____		AGE _____	
CROSS STREET _____		CITY _____		STATE OF _____	
ADDRESS _____				PHONE _____	
CITY _____				STATE _____ ZIP _____	

## HEALTH HISTORY

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unable to see or feel, write "N/A" and "None" or "Normal"

## GENERAL APPEARANCE AND DEVELOPMENT:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THROAT: \_\_\_\_\_

THORAX: Heart: \_\_\_\_\_

If cardiac disease is present, is it fully compensated? \_\_\_\_\_

Blood pressure: \_\_\_\_\_ Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Pulse: \_\_\_\_\_ Before exercise \_\_\_\_\_ Immediately after \_\_\_\_\_

Length: \_\_\_\_\_

# Crane Operator Physical Forms

**United States Employment Service**

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the United States Employment Service text.

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