

Good Shepherd Foundation of Bartow County, Inc.

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PHYSICAL EXAMINATION

Client Name: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Sex: _____ Weight: _____ Height: _____

Temperature: _____ Pulse: _____ Resp: _____ Blood Pressure: _____

Normal = ✓

Abnormal = X

Not Evaluated = NE

Skin _____

Lymph Nodes _____

Genitalia _____

Head/Eyes _____

Chest _____

Rectal _____

Ears _____

Breast _____

Bones _____

Nose _____

Heart _____

Joints _____

Mouth _____

Lungs _____

Muscles _____

Throat _____

Blood Vessels _____

Extremities _____

Neck _____

Abdomen _____

Neurological _____

LABORATORY DATA

Blood Count: _____

Urinalysis: _____

Briefly describe any abnormality:

Does this individual have a contagious disease to your knowledge?:

Are there any special limitations that that individual should observe in the work environment?:

Medications: _____

Examiner Signature: _____ Date: _____

Examiner Name (Print): _____ Address: _____