

ORANGE COUNTY FIRE AUTHORITY EXPLORING PROGRAM
MEDICAL EXAMINATION REPORT

Name: _____
Last First M.I.

(To be completed by a licensed physician)

Height: _____ Weight: _____	VITAL SIGNS: Blood Pressure: _____ Pulse: _____
HEARING: (Ordinary conversation at 20' considered normal) Right _____/20 Left _____/20 Hearing Aid Used: No Yes	VISION: Uncorrected: Corrected: Right 20/____ Right 20/____ Glasses Left 20/____ Left 20/____ Contact Lenses
HEAD: (Eyes, ears, nose, mouth, throat)	LUNGS:
HEART & CIRCULATORY SYSTEM:	NERVOUS SYSTEM:
URINALYSIS: SP. Gravity: Albumin: Sugar:	RECTAL: Fissures? Fistula? Hemorrhoids?
GENITO-URINARY:	ABDOMEN, G-1 TRACT: Hernia?
SPINE:	EXTREMITIES:
SKIN:	VARICOSE VEINS: (Severity)

RECOMMENDATION & COMMENTS: Fit (no reservations) Fit for limited work (Please comment on any limitations of type or amount of activity suggested or recommended) Unfit (Please comment)
SIGNATURE OF EXAMINER: _____ DATE: _____
PRINTED NAME OF EXAMINER: ADDRESS: PHONE: