MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

Virtual Occupational Health (VOH) Physical Examination Report

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

Height:	**Weight:**	**Blood Pressure:**	**Date of Exam:**
Pulse:	**BMI:**	**BMI 25 minus 1 pound: (Highest weight not overweight):**	**Place of Exam:**

	NORMAL	ABORMAL
Mental Status		
Gait/Balance		
Eyes/Ears		
Nose/Throat/Mouth		
Neck ROM		
Back ROM		
Upper Extremity ROM/Strength		
Lower Extremity		

DESCRIBE ABNORMALITIES:

Additional PE:	NORMAL	ABORMAL

Trained Nurse Presenter's Name and Title:	Trained Nurse Presenter's Signature:
VOH Examiner's Name and Title (MD, DO, NP, PA):	VOH Examiner's Signature:

Examinee's Name (Last, First, Middle):	Last 4 of Examinee's Social Security Number: