

**New Mexico Military Institute
 PHYSICAL EXAMINATION
 (To be completed by Physician MD or DO)**

PLEASE PRINT

NAME: Last _____ First _____ Middle _____ Date of Birth _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Distant Vision: UNCORRECTED: Right 20/ _____ CORRECTED: 20/ _____

Left 20/ _____ 20/ _____

PHYSICAL EXAMINATION: Please describe each abnormality in the REMARKS section.

Normal	Abnormal		Normal	Abnormal	
		Head, face, neck, scalp			G-U
		Eyes			Hernia
		Ears and hearing			Rectal (visual inspection only)
		Nose and Sinus			Spine (motion, flexibility)
		Mouth, throat, teeth, jaw			Upper extremities
		Neck and thyroid			Lower extremities
		Lungs and chest			Feet
		Heart			Neurological
		Vascular system			Skin
		Abdomen and viscera			Tattoos (size and location)

Physician, please describe any noted abnormalities in detail:

Physician: Please ensure that ALL ITEMS, on BOTH pages of the H&P are completed before signing.

Doctor's Signature _____ MD/DO Date _____

Printed Name _____ Phone _____

Office Address _____