

**Rome Memorial Hospital**

**Physical Examination Report for Volunteers**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Examination:** \_\_\_\_\_

**Ht.** \_\_\_\_\_ **Wt:** \_\_\_\_\_ **B/P:** \_\_\_\_\_

**Vision:** \_\_\_\_\_ **Left:** \_\_\_\_\_ **Right:** \_\_\_\_\_

**Immunizations:** \_\_\_\_\_ **MMR: 1** \_\_\_\_\_ **2** \_\_\_\_\_

\_\_\_\_\_ **Mantoux** \_\_\_\_\_ **Results** \_\_\_\_\_

**Review of Systems:**

**Eyes** \_\_\_\_\_ **Ears** \_\_\_\_\_ **Nose** \_\_\_\_\_ **Throat** \_\_\_\_\_

**Teeth/Gums** \_\_\_\_\_ **Cardiac** \_\_\_\_\_ **Lungs** \_\_\_\_\_

**GI** \_\_\_\_\_ **GU** \_\_\_\_\_ **Skin** \_\_\_\_\_

**Musculoskeletal** \_\_\_\_\_ **Nutrition** \_\_\_\_\_ **Nervous System** \_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications:** \_\_\_\_\_

**Limitations:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

Summary: I have examined the patient and found him/her \_\_\_able \_\_\_unable to participate in volunteer activities at Rome Memorial Hospital. He/she is free of communicable diseases and addictions to drugs/alcohol.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**