

Name: _____

Date: _____

COMPLETE PHYSICAL EXAM

I J A H E I G H T Y J A O C C U L T B L O O D G
E H V H C P U L A R O X U K F X G L S Z J C H H
K C R G K A E B V K K G L J Z I S R C H N P F G
P H L T T P V R T L T A I R E C U H I H A M E A
A I A E E S M E U S B A J B B P Z Q T T I N B Z
F E S S M M J A N S W G U A N L I E A L D O I E
E F C N Q E P U M E S T G P K R Z N T O R I L R
B C C E F A F O I M Y E L N C A T P S R A T E P
R O G L N R H G R R O Z R B K C L N O E C A J F
I M F L Z S H O A A Q G U P Y U W M H T Y R N M
L P Y E O T T L F L L N R L D Z E G T S H I W E
E L E N M M L Z N F A W O A H O N L R E C P N D
C A T C H I H K A G I T D I M E O W O L A S W D
C I Z H P N E N P N B N C P S T M L M O T E L O
Q N F A D D P D G R L Y G E H N W O B H T R A J
U T C R T F C I A B J F R E R W E P G C K M X H
I F W T Q A D D R B A T E A R W A T W L K P O T
X S S A O E Y T O F X S I M L S I P R H O P B Z
D R F W M C H B E U O C V I W L T H R E X B U U
U S C H A S W M I C W O R U M L I I M H P O I T
F X K R L U A U U W T M W M N X P X C Y Y Y A N
S B D C E L T L Q E N P U L S E G O A K C G H C
F I V T E A G N X K L L H Y P O T E N S I O N J
A X F H J L A S T M E N S R U A L P E R I O D D

LAST MENSRUAL PERIOD
SNELLEN CHART
HYPERTENSION
HYPOTENSION
PAP SMEAR
GLUCOSE
WEIGHT
ORAL

CHIEF COMPLAINT
FINGER STICK
CHOLESTEROL
RESPIRATION
TEMPORAL
RECTAL
HEIGHT
MALE

CAPILLARY TUBE
OCCULT BLOOD
BRADYCARDIA
HEMOGLOBIN
AXILLARY
FEBILE
APGAR

BLOOD PRESSURE
ORTHOSTATICS
TACHYCARDIA
MAMMOGRAM
AFEBRILE
FEMALE
PULSE