

Physical Examination

Name		Blood Type	(A•B•AB•O), RhD(+•-)
Sex	(M F)	Red Blood Count (10000/ μ L)	
Date of Birth		Hemoglobin(g/dL)	
Age	(Years Months)	Hematocrit (%)	
Medical History		White Blood Cells Count(/ μ L)	
Allergy		Neutrophil Rate (%)	
Allergy to Medication		Eosinophil Rate (%)	
Allergy to Food		Basophil Rate (%)	
Height(cm)		Monocyte Rate (%)	
Weight(kg)		Lymphocyte Rate (%)	
Head Circumference(cm)		Platelet(10000/ μ L)	
Systolic BP(mmHg)		Total Protein(g/dL)	
Diastolic BP(mmHg)		Albumi(g/dL)	
Pulse(time/min)		Total Bilirubin(mg/dL)	
Vision (Left/Right)	[.]	AST(IU/L)	
Corrected Vision (L/R)	[.]	ALT(IU/L)	
Color Vision	(Normal•Abnormal)	LDH(IU/L)	
Hearing (Left)	1000Hz dB(Normal•Abnormal)	Cholinesterase(mg/dL)	
The Same as Above	4000Hz dB(Normal•Abnormal)	Total Cholesterol(mg/dL)	
Hearing (Right)	1000Hz dB(Normal•Abnormal)	Newtral Fat(mg/dL)	
The Same as Above	4000Hz dB(Normal•Abnormal)	Urea Nitrogen(mg/dL)	
Physical Examination		Creatinine(mg/dL)	
Chest X-ray		Uric Acid (mg/dL)	
EKG		Fasting Blood Glucose Level(mg/dL)	
Urinary Protein	(Negative • Positive)	HBs Antigen	
Urinary Sugar	(Negative • Positive)	HBsAntibody	
Occult Blood in Urine	(Negative • Positive)	HCV Antibody	
Urinary Sediment	(Normal • Abnormal)	HIV Screening	
Others		Overall Health Condition	

The above stated patient is under my care.

Date

Name/Address

Physician's Printed Name and Signature

Tel/Fax/E-mail