CS Form 86

HEALTH EXAMINATION RECORD

Name: _____ Division: _____ Department: _____

Date of Birth: _____ Type of Work: _____ Sex: _____ Civil Status: _____

1	Date:	Date:	Date:
	Height	Height	Height
	Weight	Weight	Weight
2	Temperature:	Temperature:	Temperature:
3	Respiratory System:	Respiratory System:	Respiratory System:
	Fluorography:	Fluorography:	Fluorography:
	Sputum Analysis:	Sputum Analysis:	Sputum Analysis:
4	Circulatory System:	Circulatory System:	Circulatory System:
	Blood Pressure:	Blood Pressure:	Blood Pressure:
	Pulse:	Pulse:	Pulse:
	Sitting: Agility Test:	Sitting: Agility Test:	Sitting: Agility Test:
5	Digestive System:	Digestive System:	Digestive System:
6	Genito-Urinary:	Genito-Urinary:	Genito-Urinary:
	Urinalysis, etc.	Urinalysis, etc.	Urinalysis, etc.
7	Skin:	Skin:	Skin:
8	Locomotor System:	Locomotor System:	Locomotor System:
9	Nervous System:	Nervous System:	Nervous System:
10	Eyes: Conjuctivities, etc.:	Eyes: Conjuctivities, etc.:	Eyes: Conjuctivities, etc.:
	Color Perception:	Color Perception:	Color Perception:
11	Vision:	Vision:	Vision:
	With glasses: Far: _____ Near: _____	With glasses: Far: _____ Near: _____	With glasses: Far: _____ Near: _____
	Without glasses: Far: _____ Near: _____	Without glasses: Far: _____ Near: _____	Without glasses: Far: _____ Near: _____
12	Nose:	Nose:	Nose:
13	Ear:	Ear:	Ear:
14	Hearing:	Hearing:	Hearing:
	Right: Left:	Right: Left:	Right: Left:
15	Throat:	Throat:	Throat:
16	Teeth and Gums:	Teeth and Gums:	Teeth and Gums:
17	Immunization:	Immunization:	Immunization:
18	Remarks	Remarks	Remarks
19	Recommendation	Recommendation	Recommendation
20	Employee's Signature:	Employee's Signature:	Employee's Signature:
	Employee's Name (Print):	Employee's Name (Print):	Employee's Name (Print):
21	Physician's Signature:	Physician's Signature:	Physician's Signature:
	Physician's Name (Print):	Physician's Name (Print):	Physician's Name (Print):