CS Form 86

HEALTH EXAMINATION CARD

Name: _____ Division: _____ Department: _____
Date of Birth: _____ Type of Work: _____ Sex: _____ Civil Status: _____

1	Date:	Date:	Date:
	Height	Height	Height
	Weight	Weight	Weight
2	Temperature:		
3	Respiratory System:		
	Fluorography:		
	Sputum Analysis:		
4	Circulatory System:		
	Blood Pressure:		
	Pulse:		
	Sitting: Agility Test:	Sitting: Agility Test:	Sitting: Agility Test:
5	Digestive System:		
6	Genito-Urinary:		
	Urinalysis, etc.:		
7	Skin:		
8	Locomotor System:		
9	Nervous System:		
10	Eyes: Conjunctivitis, etc.		
	Color Perception:		
11	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:		
13	Ear:		
14	Hearing:		
	Right: Left:	Right: Left:	Right: Left:
15	Throat:		
16	Teeth and Gums:		
17	Immunization:		
18	Remarks:		
19	Recommendation		
20	Employee's Signature:		
	Employee's Name (Print):		
21	Physician's Signature:		
	Physician's Name (Print):		