

BELVIDERE AMBULANCE CORPS

PHYSICAL RELEASE

NAME: Last _____; First _____; Middle _____

Address: _____; Birth Date: _____

HEALTH HISTORY

CONDITION	DATE	CONDITION	DATE
Heart Problems		Diabetes	
Lung Problems		Back Problems	
Kidney Problems		Hernia	
Medications		Disabilities _____	
Allergies / Asthma		Other _____	

Details of above, or additional information: _____

Any specific activities to encourage? _____

Any specific activities to be restricted? _____

RESULTS OF PHYSICAL EXAM

Satisfactory or Unsatisfactory

Height _____ Weight _____ Blood Pressure _____ Genitalia _____

Eyes _____ Spine _____ Extremities _____ Hernia _____

Ears _____ Skin _____ Nose _____ Heart _____

Throat _____ Teeth _____ Feet _____ Lungs _____

Abdomen _____ Other _____

Physician's Remarks: _____

Examining Physician Signature _____

Address _____

Telephone: work _____; emergency _____

Date _____