

# Specialized Medical Assistance Response Team

## Medical Examination Form

Date

Last Name  First Name  MI

Phone Number  Gender  Date of Birth

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## Past Medical History

Allergies

### Immunizations

Tetanus UTD     Hepatitis B Series UTD

### Medical Devices

NONE

- Hearing Aid
- Glasses/Contacts
- Pacemaker
- Prosthesis
- Ostomy
- Dialysis Shunt
- Oxygen

### Medical Conditions

NONE

- Diabetes
- Epilepsy
- Cancer
- Asthma
- Emphysema
- Heart Disease
- Eczema/Psoriasis
- Blindness
- Deafness
- Anemia
- Hemophilia
- Herniated Disk
- Stroke
- Transplant
- Heat Stroke History
- Frostbite History
- Kidney Disease
- Liver Disease

List Disabilities and  
Activity Limitations

List Current Prescriptions

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## Physical Examination

Height (inches)  Weight (pds)  Systolic BP  Diastolic BP  Heart Rate

HEENT  Normal  Corrective Lens  Color Blind  
 TM Defect  Hearing Loss  Deformity  
 Nasal Obstruction  Rhinitis

Psychiatric  Normal Mental Status Exam

Neck  Normal  Thyroid Abnormality

Lungs  Normal  Wheeze  Rale/Rhonchi

Heart  Normal  Murmur  Irregular Rhythm

Abdomen  Normal  Hernia  Surgical Scar  Hepatomegaly

Back  Normal  Surgical Scar  Limited ROM

Extremities  Normal  Absent UE Pulse  Absent LE Pulse  Edema  Deformity

Skin  Normal  Eczema  Psoriasis  Infection

Neurologic  Normal  Weakness  Sensory Loss  Aphasia  Tremor  Imbalance

Comments

### Examiner Information

Examiner Signature  Phone Number

Street Address  City  ZIP

Print Name: \_\_\_\_\_