



PHYSICAL EXAMINATION FORM, MASSACHUSETTS STATE POLICE

Patient Name: _____ DOB: _____

Vital Signs, U/A Dip, Vision, Medications, Allergies, Comments, ARC, Color, WNL, Whisper

Examination table with columns: Exam, Normal, N/E, Abnormal Findings

History and Physical Summary section with checkboxes for Medically Cleared, Not medically cleared, Restricted, Medical hold

Recommendations and Patient Education section with text and checkboxes for follow-up, diet, exercise, etc.

Examiners Signature: _____ MD, DO, PA, NP Date: _____

Examiner Name (Print): _____

Comments: _____