

Comprehensive Physical Examination Report

Applicant Information

Full Name

Date of Birth

Gender

Policy Number

Date of Exam

Medical History

Please list details of past or present illnesses, surgeries, hospitalizations, medications, family history or allergies:

Physical Measurements

Height (cm)

Weight (kg)

BMI

Blood Pressure (mmHg)

Pulse Rate (bpm)

General Examination

System/Area	Findings
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Head & Neck	<input type="text"/>
Eyes	<input type="text"/>
Ears, Nose, Throat	<input type="text"/>
Chest/Lungs	<input type="text"/>
Heart/Cardiovascular	<input type="text"/>
Abdomen	<input type="text"/>
Skin	<input type="text"/>
Musculoskeletal	<input type="text"/>
Neurological	<input type="text"/>

Laboratory Investigations (if applicable)

Results of blood, urine, or other tests:

Lifestyle Assessment

Smoking

Alcohol Consumption

Physical Activity

Examiner's Remarks

Physician/Examiner Details

Name

Signature

Date