

NAME	IDENTIFICATION NUMBER	NO. OF SHEETS ATTACHED
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MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
				<input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	

26. BLOOD PRESSURE (Arm at heart level)					27. PULSE (Arm at heart level)					
A. SITTING	SYS. DIAS.	B. RECUMBENT	SYS. DIAS.	C. STANDING (5 mins.)	SYS. DIAS.	A. SITTING	B. RECUMBENT	C. STANDING (3 mins)	D. AFTER EXERCISE	E. 2 MINS. AFTER

28. DISTANT VISION			29. REFRACTION				30. NEAR VISION			
RIGHT 20/	CORR. TO 20/	BY	S.	CX				CORR. TO	BY	
LEFT 20/	CORR. TO 20/	BY	S.	CX				CORR. TO	BY	

31. HETEROPHORIA (Specify distance)									
ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD		

32. ACCOMMODATION			33. COLOR VISION (Test used and result)				34. DEPTH PERCEPTION (Test used and score)		UNCORRECTED
RIGHT	LEFT								CORRECTED

35. FIELD OF VISION			36. NIGHT VISION (Test used and score)				37. RED LENS TEST		38. INTRAOCULAR TENSION	
RIGHT	LEFT								RIGHT	LEFT

39. HEARING			40. AUDIOMETER								41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT W/V	/15 SV	/15	250	500	1000	2000	3000	4000	6000	8000		
			256	512	1024	2048	2896	4096	6144	8192		
LEFT W/V	/15 SV	/15	RIGHT									
			LEFT									

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	45A. PHYSICAL PROFILE					
	P	U	L	H	E	S

46. EXAMINEE (Check)	45B. PHYSICAL CATEGORY
A. IS QUALIFIED FOR Bomb Technician Training at Hazardous Devices School B. IS NOT QUALIFIED FOR Bomb Technician Training at Hazardous Devices School	

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A	B	C	E
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48. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
49. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE