Medical Examination

(Filled out by a Medical Doctor)

Name: ____

Sex: ☐ Male ☐ Female ☐ Other

Age		Weight		Height		Blood Pressure	/

	Right Eye	Left Eye		Right Ear	Left Ear		
Vision			Hearing			Pulse	

Clinical Evaluation by system	Mark according to evaluation Normal		No evaluado	Comments
Skin	☐ yes	☐ no	☐ not evaluated	
Ear,nose,throat	☐ yes	☐ no	☐ not evaluated	
Cardiovascular	☐ yes	☐ no	☐ not evaluated	
Respiratory	☐ yes	☐ no	☐ not evaluated	
Digestive	☐ yes	☐ no	☐ not evaluated	
Urogenital	☐ yes	☐ no	☐ not evaluated	
Muscle-Skeletal	☐ yes	☐ no	☐ not evaluated	
Neurologic	☐ yes	☐ no	☐ not evaluated	

	Date	Result		Date	Result
Serology (VDRL)			Chest X-ray and/or Tuberculosis Test		

Summary of required physical examinations and laboratory findings	
¿Do you have a significant or debilitating health condition?	yes no (if yes, briefly explain)
¿Are you undergoing treatment for a physical or mental health condition?	yes no (if yes, briefly explain)
¿Are you aware of any risk factors that you may have that are related to participating in activities that require physical exertion?	yes no (if yes, briefly explain)
¿Have any recommendations been made expressly regarding the management of your health condition while employed by the UPR?	

______________________ ______________________ ______________________

Name of Medical Doctor License Number Date

Patrono con igual oportunidad de empleo