



Capuchin Franciscan Volunteer Corps

Medical Examination Report

Cap Corps East
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Cleveland OH 44128
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www.capuchin.com

Applicant's Name _____

(To be completed by a physician. Please print and type.)

Height _____ Weight _____ Blood Pressure _____

General Appearance _____ Skin _____

Scars, Abnormalities, etc _____

Hearing _____ Aid Necessary? **Yes** **No**

Vision Right _____ Left _____ With correction Right _____ Left _____

Mouth: Teeth _____ Date of Last Dental Exam _____

Urinalysis _____

Tuberculin skin test within six months of the date of this exam

Tine test	Result _____	Date _____
PPD Mantoux	Result _____	Date _____
Other	Result _____	Date _____

Chest X-ray (if indicated by history) Result _____ Date _____

EKG (if indicated by history) Result _____ Date _____

Circle any abnormality:

Nose	Throat	Sinuses	Thyroid	Chest	Breasts	Heart
Abdomen	Genitals	Rectum	Neck	Back	Lymph Nodes	Reflexes
Nervous System						

Explanatory Remarks:

Any allergies and/or dietary restrictions?

Any significant past medical issues?

Any significant present medical issues?

Describe any ways in which the applicant would have to limit or modify his/her activities:

General statement of health:

Are you the applicant's regular physician? Yes No If Yes, for how long? _____

Signature _____ Date _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Send Completed Medical Examination Report to
Cap Corps East 18200 Harvard Avenue Cleveland OH 44128