



Indian River County Fire Rescue
1500 Old Dixie Highway, Vero Beach, Florida 32960
Telephone (772) 562-2028
Fax (772) 978-1820

PHYSICAL EXAMINATION FORM

Name of Applicant: _____

Division: _____

Height: _____ Ft. _____ In. Weight _____ Lbs.

Visual Activity: Uncorrected Vision Right 20/_____; Left 20/_____
 Corrected Vision Right 20/_____; Left 20/_____

Allowable Limits	Uncorrected Vision	20/100 and 20/40
	Corrected Vision	20/40 and 20/20

Blood Pressure Readings: Systolic _____; Diastolic _____

Allowable Limits	Under 35 Years of Age	140/90
	Over 35 Years of Age	150/90

Results of Electrocardiogram (EKG) _____

EKG STRIP

Physician's Name _____ Phone Number _____
(Please Print)

Signature of Physician _____ Date _____

**PLEASE CHECK WHETHER EACH OF THE FOLLOWING CATEGORIES ARE
NORMAL (N) OR ABNORMAL (AB)**

	N	AB
Abdominal Organs and Gastrointestinal System		
Blood and Blood-Forming Tissue Diseases		
Dental		
Ears and Hearing:		
Ears		
Hearing - Right _____/15; Left _____/15		
Extremities:		
Upper Extremities - Limitation of Motion		
Hands, Fingers, Wrist, Forearm, Elbow		
Arm and Shoulder		
Lower Extremities - Limitation of Motion		
Foot, Ankle, Leg, Knee, Thigh, and Hip		
Eyes and Vision:		
Eyes - Lids, Conjunctiva, Cornea, Uveal		
Tract, Retina, Optic Nerve, Lens, Ocular		
Mobility and Motility		
Color Percetion - Identify Red and Green		
Genitourinary System		
Genitalia, Urinary System		
Head and Neck		
Heart and Vascular System		
Lung and Chest Wall		
General, Tuberculous Lesion		
Nontuberculous Lesion		
Mouth, Nose, Pharynx, Trachea, Esophagus, and Larynx		
Neurological Disorders		
Degenerative Disorders, Neurosyphilis,		
Paroxysmal Convulsive Disorders		
Spontaneous Subarachnoid Hemorrhage		
Skin and Cellular Tissues		
Spine, Scapulae, Ribs and Sacroiliac Joints		
Systemic Diseases and Miscellaneous Conditions and Defects		
Tumors and Malignant Diseases		
Diseases: V.D., Other		

COMMENT ON ABNORMALITIES: _____
