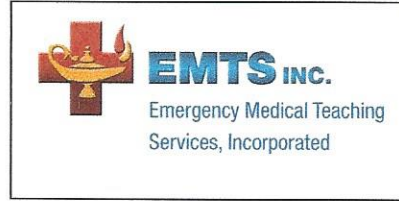


REPORT OF PHYSICAL EXAMINATION

To the examining physician: Please review the student's history and complete this form. Explanation of positive findings is essential. This information is strictly for the use of the Paramedic Training Program and will not be released without student's written consent. When the form and lab data are completed, please forward to:

Emergency Medical Teaching Services, Inc.
201 Oak St., 2nd Floor Pembroke, MA 02359
Phone: 781-826-2011
Fax: 781-826-8812



Student Name: _____ Date of Birth: _____ Tel#: _____

Address: _____ City: _____ State: _____ Zip: _____

Blood Pressure: _____	Height: _____ ft. _____ inches																																																																												
Vision (corrected): L _____ R _____	Weight: _____																																																																												
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