

**General Physical Examination**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R/20 \_\_\_\_\_ L/20 \_\_\_\_\_ Corrected? Yes \_\_\_\_\_ No \_\_\_\_\_ Pupils \_\_\_\_\_

	Normal	Abnormal Findings
Ears, Nose, Throat		
Heart		
Chest/Lungs		
Skin/Lymphatics		
Abdominals		
Genitals/Hernia		

**Musculoskeletal Examination**

	Normal	Abnormal Findings
Neck/Back		
Upper Extremities		
Lower Extremities		
Flexibility		

Optional Lab

Urine Sugar \_\_\_\_\_

Urine Protein \_\_\_\_\_

Urine Hematest \_\_\_\_\_

**Official Recommendation**

- A. This Cadet: May \_\_\_\_\_ May Not \_\_\_\_\_ participate in strenuous physical activity based on the data from this exam.
- B. Prior to participation, treatment or follow up on the following is recommended.
- C. Recommended further consultation with \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Recommended/released for participation in strenuous physical activities including the 1.5-mile-run? YES NO

\_\_\_\_\_  
Signature of Medical Practitioner Date  
CNET Form 1533/106 (09-02)

**Senior Naval Science Instructor's Acknowledgement**

I have reviewed all the information included in the medical history and examination and understand all restrictions (if any) that are to be observed by this cadet.

Signature of SNSI \_\_\_\_\_ Date \_\_\_\_\_