NAME		BIRTHDAY				AGE			FAMILY DOCTOR
JOHN C. KI	MBALL HIG PREREQUI						MINATION		
PHYSICAL EXAM	FRESHMAN DATE:		SOPHOMORE DATE:		JUNIOR DATE:		SENIOR DATE:		FOLLOWING CONDITIONS MAY EXCLUD PARTICIPATION
Height Weight									<b>General:</b> Acute infections, active chronic infections.
Blood Pressure Eyes E.N.T.									<b>Vision:</b> Less than 20/100 without glasses. One eye.
Teeth Thorax									<b>Heart:</b> Recumbent pulse over 105 on three successive exams. Organic murmurs.
Abdomen Hernia									Marked arrhythmias.  Blood pressure above 150/90 without further study.
G.U. – Gyn Ortho Urinalysis	DDOT	01110	DDOT	01110	222	01110	222	01110	Hernia: Unless satisfactory repaired.
Examiner:	PROT.	GLUC.	PROT.	GLUC.	PROT.	GLUC.	PROT.	GLUC.	<b>G.U.:</b> Nephritis, gross hydrocele, cryptorchidism.
		HISTO	RY					NOTES	
		SERIOUS ILLNESS Yes Disease		No 					
Knee Epile		Diabe Epiler Kidne Convi	sy						
HerniaOther		 Hepa	Hepatitis						