

MEDICAL RECORD

To be completed by Applicant

1. Name _____

(Last)

(First)

(Maiden)

Address: _____

Phone No. _____

Email: _____

2. Date of Birth _____

To be completed by Physician

Weight _____

Height _____

3. Heart Disease _____

4. Lungs _____

Abnormal Signs _____

5. Blood Pressure _____

Pulse _____

6. Do you consider this person mentally and physically able to undertake the requirements of initiation? Specifically, bending, standing, sitting, kneeling, and reaching for short periods of time.

7. I have this day given (applicant) _____ a
physical examination and found her in _____ health.

She is cleared _____ not cleared _____ for the initiation process.

Reason/Restrictions: _____

Date _____ Signature _____ M.D.

Address _____

Phone Number _____

Email: _____