

PEDICAB OPERATOR PHYSICAL

Exam date: \_\_\_\_\_

Name \_\_\_\_\_

Date of birth: \_\_\_\_\_

Past History:

Heart \_\_\_\_\_

Hypertension \_\_\_\_\_

Allergies \_\_\_\_\_

Dyspnea \_\_\_\_\_

Diabetes \_\_\_\_\_

Skin disorders \_\_\_\_\_

T.B. \_\_\_\_\_

Back injury \_\_\_\_\_

Chronic illness \_\_\_\_\_

Seizure activity \_\_\_\_\_

Physical Findings:

Eyes \_\_\_\_\_

E.N.T. \_\_\_\_\_

Chest \_\_\_\_\_

Lungs \_\_\_\_\_

Heart \_\_\_\_\_

ABD \_\_\_\_\_

Back \_\_\_\_\_

Hernia \_\_\_\_\_

Blood pressure \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_

I find the above named person physically qualified to perform all functions of a taxi operator and to be free from contagious diseases.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
HEALTH FACILITY (PRINT)

Physician's