

**Taipei Medical University Healthcare System
Clerkship Program Physical Examination**

Examination Date		YYMMDD			
Examination Item	* Examination of each System and Physic	Head and Neck (Conjunctiva, Lymph, Thyroid)		Digestive System (Jaundice, Liver, Abdominal)	
		Cardiovascular System (Heart rhythm, heart murmur)		Nervous System (Sense)	
		Respiratory System		Musculoskeletal (Limbs), Skin	
		Comments and Suggestion	<input type="checkbox"/> No obvious abnormalities <input type="checkbox"/> Others:		
	* Height	CM	* Blood Pressure	mmHg	
	* Weight	KG	* Waist	CM	
	* Corrected Eyesight		* Color Discrimination	<input type="checkbox"/> No obvious abnormalities <input type="checkbox"/> Others:	
	* Hearing examination	<input type="checkbox"/> No obvious abnormalities <input type="checkbox"/> Others:			
	* Chest X ray	Examination Date: <input type="checkbox"/> No obvious abnormalities <input type="checkbox"/> Others:			
	Blood	* Blood Sugar		* Cholesterol	
		* Hemoglobin		* Triglyceride	
		* SGPT		* Creatinine	
		* White Blood Cells			
Urine	* Urine Sugar		* Urine Protein		
	* Occult blood				
Clinical Evaluation and Suggestion	Family Physician(Signature and Date): _____				