

# Executive Health Physical Examination Form

## Personal Information

Name

Date of Birth

Gender

Email

Phone

Company / Organization

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## Medical History

Do you have any past or current illnesses?

Are you currently taking any medications?

Any history of surgeries or hospitalizations?

Family medical history

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## Lifestyle

Do you smoke?

- ☐ Yes  
☐ No

Do you consume alcohol?

☐ Yes

☐ No

Physical activity level

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## Allergies

List any known allergies

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## Review of Systems

General

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Neurological

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## Physical Measurements

Height (cm)

Weight (kg)

Blood Pressure (mmHg)

Pulse (bpm)

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**Physician's Notes**

Physician Name

Date