



Cancer Screening Physical Exam

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employee Number \_\_\_\_\_

Cancer Family History \_\_\_\_\_

(Items in bold must be commented on)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_

Site	Normal	Abnormal	Comments
<b>ENT</b>	_____	_____	_____
<b>Oral Cavity</b>	_____	_____	_____
<b>Thyroid</b>	_____	_____	_____
<b>Skin</b>	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
<b>Lymph Nodes</b>	_____	_____	_____
Abdomen	_____	_____	_____
Breast Exam	_____	_____	_____
Gynecologic Exam	_____	_____	_____
If Firefighter is over 40 years old Mammography	_____	_____	_____
IF firefighter is 50 years or older: Colonoscopy	_____	_____	_____

Date Done \_\_\_\_\_ (May substitute double contrast Barium Enema and Flexible Sigmoidoscopy)

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the above findings, I find no evidence of cancer at the time of this screening. \_\_\_\_\_ Yes \_\_\_\_\_ No

Physician \_\_\_\_\_

Date \_\_\_\_\_