



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
ENT	_____	_____	_____
Oral Cavity	_____	_____	_____
Thyroid	_____	_____	_____
Skin	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
Lymph Nodes	_____	_____	_____
Abdomen	_____	_____	_____
Testes	_____	_____	_____

If Firefighter is 45 years and older with family history of prostate cancer or 50 years or older:
DRE _____

PSA Value _____

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 _____