

MAREK PHYSICAL EXAM PROCESS:



STEP ONE

Locate an NP, MD, DO, or PA that is local to you and offers physicals. Consider your PCP, assuming they hold one of the above qualifications. Otherwise contact your local urgent care.



STEP TWO

Schedule a physical. Print the attached physical exam form below and take it with you. Have your medical provider fill out the form in full; including the providers name, credentials, and signature. Missing fields may cause delay in us moving forward with your program.



STEP THREE

Scan or take a high quality photo of the completed physical exam form and send it to:

physical@marekhealth.com



PHYSICAL EXAM FORM

Name: _____	Date of Birth / /
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Note to Practitioner: Please complete the physical exam form below based on your knowledge of the individual and the information from the physical exam that was performed.

Vital signs

Height:	Weight:	Blood Pressure:	Pulse:	Temperature:	Respirations:
Corrected distance vision:		Right Eye: /20		Left Eye: /20	

Can the member hear a normal conversational voice at a distance of 6 feet with the member's back to the examiner? YES NO

Physical Examination

	Normal (Y,N)	Description of Abnormalities:
General Appearance	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Orientation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Skin	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
HEENT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Heart	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Lungs	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Abdomen	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Neurological	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Urological	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Endocrine	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Psychological	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Joints	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Back	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	

Physical Participation Category (Check One)

- Category I - Unrestricted:** Member is in good health, and may participate in any physical activity without restrictions.
- Category II - Temporarily Restricted:** Temporarily restricted from some or all physical activities due to a temporary medical condition or injury.
- Category III - Partially Restricted:** Permanently restricted in some physical activities due to medical condition or injury that is chronic or permanent in nature.
- Category IV - Indefinitely Restricted:** Unable to participate in physical activities. Generally only capable of sedentary activity.

List Restrictions and Duration: _____

Certifying Practitioner Credentials: MD DO PA NP

Name: _____	Address: _____ _____ City: _____ State: _____ Zip code: _____
Date of Examination: / /	
Phone: _____	
Signature: _____	