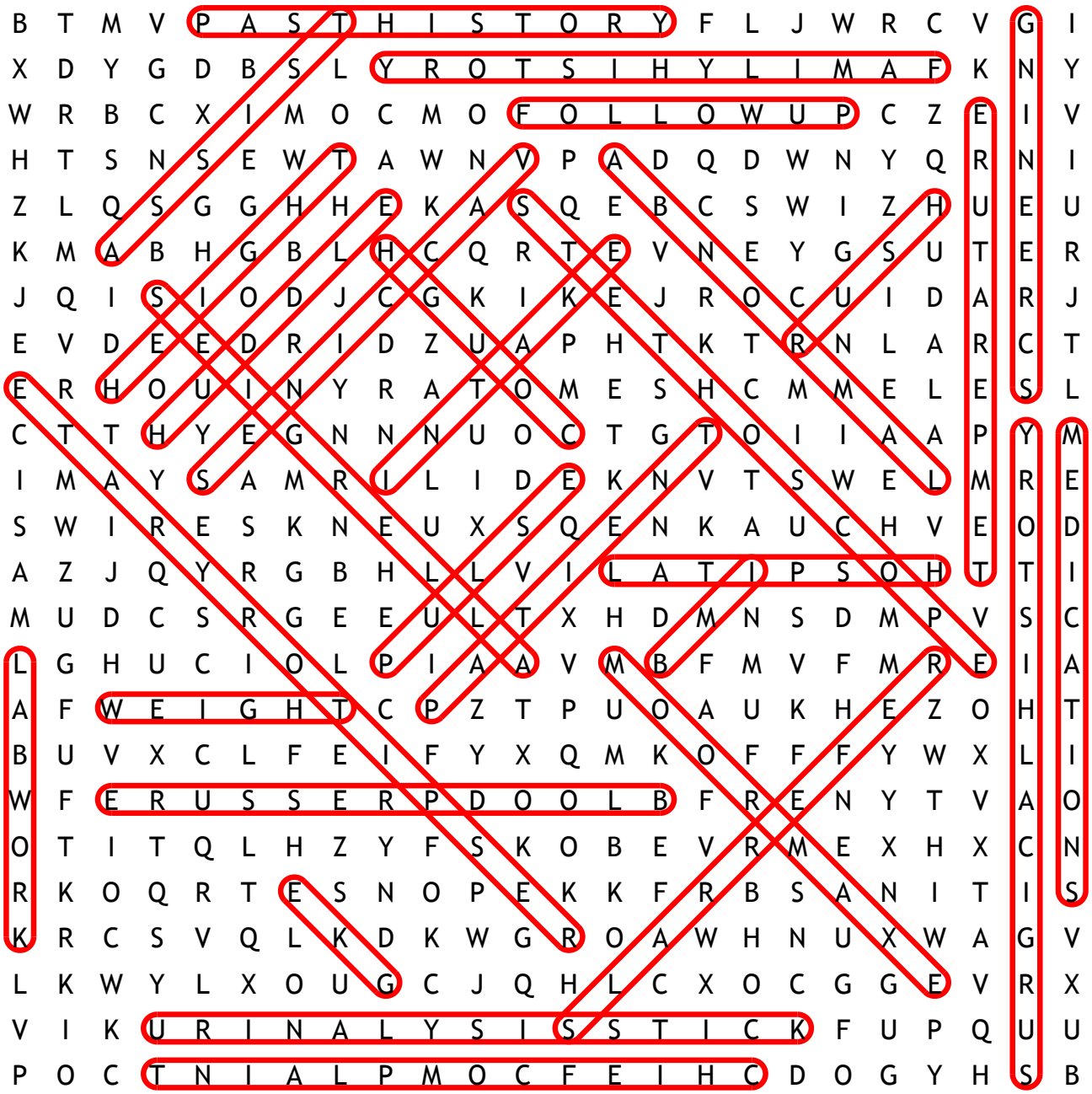
Name: _____ Date: _____

Medical Assistant



Surgical History	Urinalysis Stick	Chief Complaint	Blood Pressure	Family History
Respitory Rate	Past History	Medications	Stethoscope	Temperature
Allergies	Exam Room	Follow up	Referrals	Screening
Abnormal	Hospital	Lab Work	Vaccines	Patient
Assist	Height	Huddle	Intake	Weight
Cough	Pulse	Rush	BMI	EKG