



**GET WELL CENTER**



**GET WELL**



# L CENTER

**READING UNIVERSITY**  
HEREBY GIVES

\_\_\_\_\_  
GRADUATE

THE DEGREE OF

**DOCTOR OF MEDICINE**



\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
DATE



Heartbeat \_\_\_\_\_ bpm

Temperture \_\_\_\_\_ °F

Ears 

Mouth 

Eyes 

Lungs 

Rest   Medicine 



Doctor \_\_\_\_\_

Patient \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_

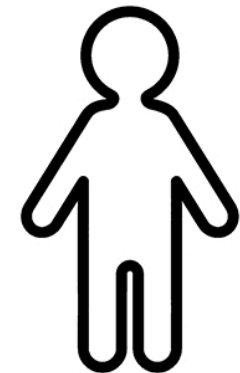
Male

Female

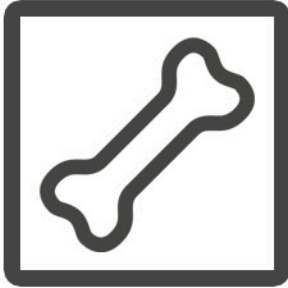
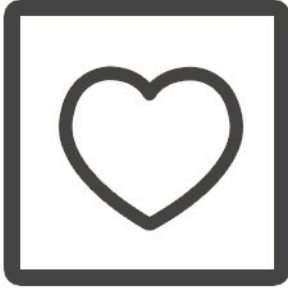
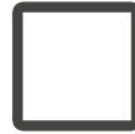
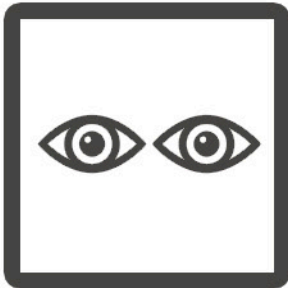
Checkup

Sick

Injured







$\frac{20}{200}$

E

1

$\frac{20}{100}$

F P

2

$\frac{20}{70}$

T O Z

3

$\frac{20}{50}$

L E P D

4

$\frac{20}{40}$

P E C F D

5

$\frac{20}{30}$

E D F C Z P

6

$\frac{20}{25}$

F E L O P Z D

7

$\frac{20}{20}$

D E F P O T E C

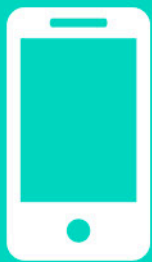
8





 **hours**

**9** am → **5** pm



**911**







