

# PHYSICAL EXAMINATION

VISIT NO.	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

1. ID NUMBER				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

2. DATE		
MONTH	DAY	YEAR
0	0	0
10	1	1
2	20	2
3	30	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CLINICIAN NUMBER									
10	20	30	40	50	60	70	80	90	
0	1	2	3	4	5	6	7	8	9

**LEGEND**

\* = Optional  
 § = Further Evaluation

**DIRECTIONS**

USE NO. 2 PENCIL ONLY

Make dark mark that fills the circle completely.

Examples:

	YES	NO
INCORRECT:	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>
CORRECT:	<input checked="" type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>

Erase cleanly.

Make no stray marks.

Do not fold this sheet.

3. HEIGHT	
FEET	INCHES
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

4. WEIGHT		
POUNDS		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

5. BLOOD PRESSURE Sitting, Right Arm					
SYSTOLIC			DIASTOLIC		
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

§ 6. ORAL TEMPERATURE			
At least 30 minutes after smoking, eating, or drinking °F			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

MAKE  
NO  
STRAY  
MARKS

9. \*APPEARANCE

Normal

Abnormal

---



---

10. SKIN/HAIR/NAILS (Excluding genital area)

	No	Yes
Lesions consistent with:		
§ a. fungus infection	<input type="radio"/>	<input type="radio"/>
§ b. bullous impetigo	<input type="radio"/>	<input type="radio"/>
§ c. Kaposi's sarcoma	<input type="radio"/>	<input type="radio"/>
Tattoo present	<input type="radio"/>	<input type="radio"/>
Needle marks	<input type="radio"/>	<input type="radio"/>
Telangiectasia	<input type="radio"/>	<input type="radio"/>
Seborrhea	<input type="radio"/>	<input type="radio"/>
Psoriasis	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Please describe in box at right.

---

---

---

---

---

---

---

---

11. EAR, NOSE, THROAT

(inspect tonsils)

§ a. Consistent with oral thrush/candidiasis	NO <input type="radio"/>	YES <input type="radio"/>
If yes, KOH negative <input type="radio"/>	or KOH positive <input type="radio"/>	
§ b. Consistent with herpetic lesions	NO <input type="radio"/>	YES <input type="radio"/>
§ c. Chancre present	NO <input type="radio"/>	YES <input type="radio"/>
§ d. Leukoplakia	NO <input type="radio"/>	YES <input type="radio"/>
§ e. Other	NO <input type="radio"/>	YES <input type="radio"/>

Please describe in box at right

---

---

---

---

---

---

---

---

12. \*EYES

a. Conjunctiva				
1) Redness	NO <input type="radio"/>	YES <input type="radio"/>		
2) Discharge	NO <input type="radio"/>	YES <input type="radio"/>		
b. Scleral icterus	NO <input type="radio"/>	YES <input type="radio"/>		
c. Exudates		Hard		Soft
R	NO <input type="radio"/>	YES <input type="radio"/>	NO <input type="radio"/>	YES <input type="radio"/>
L	NO <input type="radio"/>	YES <input type="radio"/>	NO <input type="radio"/>	YES <input type="radio"/>
Did examiner dilate pupils?			NO <input type="radio"/>	YES <input type="radio"/>

d. Other      NO       YES       Please describe

---

---

---

---

---

---

---

---

DO NOT MARK IN THIS AREA



13. LYMPH NODES

If nodes are ENTIRELY normal, mark here → ○

		Nor- mal	Ab- nor- mal	For abnormal nodes at each site,		
				If discrete, give number	Give (average) diameter of node(s) in cm.	Note tender, matted, etc. Comment below
Occipital	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Post. auricular	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Pre-auricular	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Submental/ submandibular	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Ant. cervical	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Post. cervical	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Supraclavicular	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Axillary	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Epitrochlear	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Inguinal	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
Femoral	R	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
	L	○	○	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	

14. \*CHEST AND LUNGS

Normal ○ Abnormal ○

\_\_\_\_\_

\_\_\_\_\_

Abnormal Findings: \_\_\_\_\_

15. \*HEART

Normal ○ Abnormal ○

\_\_\_\_\_

\_\_\_\_\_

Abnormal Findings: \_\_\_\_\_

000001 MAKE NO STRAY MARKS



16. ABDOMEN

Normal  Abnormal

---

---

---

---

---

---

- § a. Liver  
Percussed size in mid-clavicular line \_\_\_\_\_ →
- § b. Spleen (Rt. lateral decubitus, flexed knees/hips)  
Palpable on inspiration below left costal margin NO  YES
- Size below LCM \_\_\_\_\_ →
- c. Other NO  YES  Please describe \_\_\_\_\_

CM	
0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

17. ANAL/RECTAL EXAMINATION

---

---

---

---

---

---

---

---

- a. Discharge NO  YES
- § 1) bloody
- § 2) mucous
- § 3) purulent
- § b. Herpetic lesions
- § c. Warts
- \* d. Prostate NO  YES
- enlarged
- tender
- § e. Digital exam NO  YES
- tender anal canal
- f. Hemorrhoids, external
- § g. Laceration/Fissure/Fistula
- h. Scarring
- i. Other - please describe \_\_\_\_\_

CM	
0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

18. GENITALIA

---

---

---

---

---

---

- § a. Penile discharge NO  YES
- watery
- purulent
- bloody
- § b. Skin NO  YES
- 1) Chancre
- tender
- 2) Warts
- 3) Herpetic lesions
- 4) Scabies
- c. Other - please describe \_\_\_\_\_

19. \*EXTREMITIES

Describe abnormalities \_\_\_\_\_

---

---

---

---

20. \*NEUROLOGIC EXAM

---

---

---

---



106058

DO NOT MARK IN THIS AREA