

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 <input type="radio"/>	YES <input type="radio"/>	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: _____

32182 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
- enlarged
- tender
- § e. Digital exam
- 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
- 1) Chancre
- tender
- 2) Warts
- 3) Herpetic lesions
- 4) Scabies
- c. Other - please describe _____

19. *EXTREMITIES

Describe abnormalities _____

20. *NEUROLOGIC EXAM



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DO NOT MARK IN THIS AREA