**Appendix F**

**PHYSICAL EXAMINATION**

Form Approved

OMB No. 0920-XXXX

Exp. Date xx/xx/20xx

**UNIQUE ID:**

**DATE:**

**blood pressure**

| Blood Pressure (arm: right / left ) \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |
|  |

**pulse**

|  |
| --- |
| Pulse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bpm ( regular / irregular ) |
|  |

**lungs**

|  |  |
| --- | --- |
|  | CTAP |
|  | Equal Excursions |
|  | No Chest Tenderness |
|  |

**cor**

|  |  |
| --- | --- |
|  | S1 S2 Appreciated |
|  | No Rubs, Clicks, Murmurs or Gallops |
|  | Regular Rhythm |
|  | Pulses Palpable, Equal, Symmetrical |
|  |
| **height & weight** |
| Height | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_feet | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_inches |
| Weight | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pounds  |

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

**overall results**

|  |  |
| --- | --- |
|  | **Normal Exam (Physician’s Signature Below)** |
|  |
|  |
|  | **Abnormal Exam (Explain Below)** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| (Physician’s Signature Below) |
|  |