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
СТАР
Equal Excursions
No Chest Tenderness
COR
S1 S2 Appreciated
No Rubs, Clicks, Murmurs or Gallops
Regular Rhythm
Pulses Palpable, Equal, Symmetrical
HEIGHT & WEIGHT
Heightfeetinches
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)