

**Appendix F**  
**PHYSICAL EXAMINATION**

**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

**OVERALL RESULTS**

**Normal Exam (Physician's Signature Below)**

**Abnormal Exam (Explain Below)**

(Physician's Signature Below)