

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)