

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)