

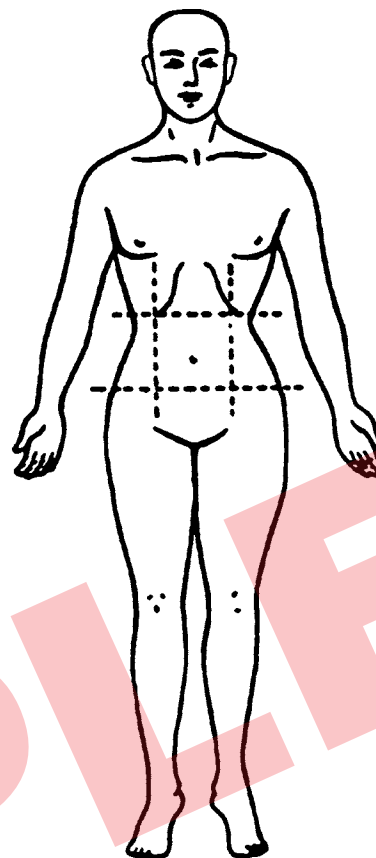
PHYSICAL EXAMINATION

ANTERIOR ASPECT: INDICATE ABNORMALITIES

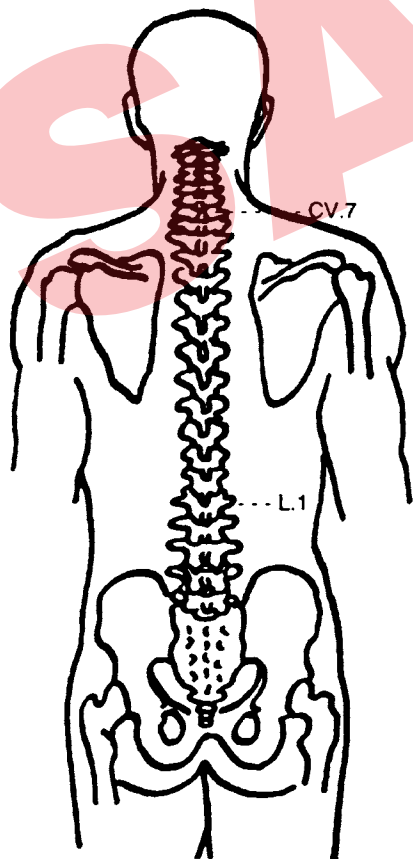
BLOOD PRESSURE _____ TEMPERATURE _____
 PULSE _____ RESPIRATION _____
 HEIGHT _____ WEIGHT _____

(CHECK [✓] IF EXAMINED; [O] IF OMITTED; [X] IF ABNORMAL)

FACIES _____	CERVICAL GLANDS _____	SPLEEN _____
HAIR _____	CHEST SHAPE _____	APPENDIX _____
SCALP _____	BREASTS _____	UMBILICUS _____
SKULL _____	NIPPLES _____	SCARS _____
CONJUNCTIVAE _____	LUNGS _____	INGUINAL GLANDS _____
PUPILS _____	EXPANSION _____	INGUINAL CANALS _____
EYE GROUND _____	PERCUSSION _____	FEMORAL CANALS _____
VISION _____	FREMITUS _____	POSTURE _____
COLOR PERCEPTION _____	AUSCULTATION _____	MUSCLES _____
EARS _____	EXCURSION _____	JOINTS _____
EXTERNAL CANALS _____	HEART BORDER _____	SKIN _____
TYMPANIC MEMBRANE _____	APEX BEAT _____	REFLEXES _____
HEARING _____	FIRST SOUND _____	SPINE _____
RINNE'S TEST _____	SECOND SOUND _____	EXT. GENITALIA _____
NASAL ORIFICE _____	A ² _____ P ² _____	PROSTATE _____
AIR SPACE _____	REGULARITY _____	URETHRA _____
SINUSES _____	ARTERIES _____	PERINEUM _____
TURBINATES _____	VEINS _____	VAGINA _____
MOUTH _____	ABDOMINAL WALL _____	CERVIX _____
TONGUE _____	ABDOMINAL MASSES _____	FUNDUS _____
TONSILS _____	FLATULENCY _____	ADNEXA _____
THROAT _____	LIVER EDGE _____	RECTUM _____
TEETH _____	GALL BLADDER _____	LYMPH GLANDS _____
THYROID _____	KIDNEYS _____	



SPINE AND PELVIS: INDICATE ABNORMALITIES



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POSTERIOR ASPECT: INDICATE ABNORMALITIES

