|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Was a physical examination performed?**  *(To be carried out by medical staff only.)* | | | Yes | | | No | |  |
| **Date of Examination**: | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | | | |  | |  |
| **Body system examined** | **Were the results nomal, abnormal or not done?**  *1 = Normal*  *2 = Abnormal*  *3 = Not Done* | | | ***If abnormal,* what were the findings? Or if not done please provide the reason.** | | | **Was the phyiscal examination result clincically significant?**  *1 = Yes*  *2 = No* | |
| Cardiac |  | | |  | | |  | |
| Ear and Labyrinth |  | | |  | | |  | |
| Endocrine and Lymph |  | | |  | | |  | |
| Eye |  | | |  | | |  | |
| Hepatobiliary, Renal and Urinary |  | | |  | | |  | |
| Mouth, Throat and Gastrointestinal |  | | |  | | |  | |
| Musculoskeletal and Connective Tissues |  | | |  | | |  | |
| Nervous System |  | | |  | | |  | |
| Reproductive System and Breast |  | | |  | | |  | |
| Respiratory, Thoracic and Mediastinal |  | | |  | | |  | |
| Skin and Subcutaneous |  | | |  | | |  | |
| Vascular |  | | |  | | |  | |
| Other *(Please Specify)* |  | | |  | | |  | |
|  | | | | | | | | |
| **What was the role of the person performing the physical examination?** | | | | |  | | | |