

Student name: ..... Student academic number.....

## Examination sheet for .....case

### Patient History:

Chief Complaint

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Past Medical History:

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Past Surgical History:

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Family History

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### Physical examination:

- Level of consciousness .....
- Attentiveness, ability to follow directions.....
- Speech .....

### General appearance:

Weight ..... Length ..... Gait .....

Skin color.....

### Vital Signs:

Temperature ..... Respiratory rate ..... Pulse .....

Blood pressure.....

Student name: ..... Student academic number.....

**Head (hair, Eyes, Ears, Nose & mouth) examination:**

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**Neck examination:**

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**Chest examination:**

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**Abdominal examination:**

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**Arms & Legs:**

Checked movement .....

Checked reflexes .....

Muscle power.....

Checking for swelling.....