

Name: _____
 PHN: _____
 Patient Label

Physical Examination Form for Potential MAiD Donors

To Be Completed By a Physician, RN or qualified BC Transplant Coordinator

PHYSICAL EXAM COMPLETED BY: _____
PRINT NAME and CREDENTIALS
SIGNATURE
DATE

PART 1 – Complete for All Potential Donor Physical Examinations

Patient Name (Please print) _____ Weight (Kg): _____ Height (cm): _____

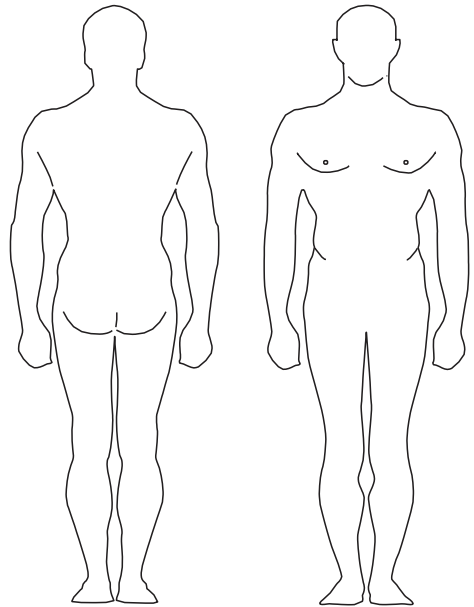
ASSESS FOLLOWING FOR ALL POTENTIAL DONORS	
Unexplained lymphadenopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unexplained mass	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unexplained mucocutaneous lesions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needle tracks or other signs of injection drug use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active infections of clinical significance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unexplained jaundice, hepatomegaly, or icterus	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Yes responses must be reviewed for potential Exceptional Distribution.

Integumentary:

If applicable, mark corresponding letter on diagram:

- A Abrasion(s)
- B Bruise(s)
- C Contusion(s)
- D Dressing(s)
- H Hematoma(s)
- L Laceration(s)
- N Needle track(s)
- P Piercing(s)
- R Rash(es)
- S Scar(s)
- T Tattoo(s)
- Q Lesion(s)



Does the Physical Exam reveal any abnormal findings with regards to Respiratory, Cardiovascular, Abdominal, or Musculoskeletal systems including hardware from past surgeries (e.g., sternal staples or mesh)? Yes No

IF YES DESCRIBE:

Does the patient have any upper airway abnormalities, which may make intubation difficult? Yes No

IF YES DESCRIBE:

Part 2: Directed physical examination is required when any high risk behavior is suspected or if requested by BC Transplant. Yes responses must be reviewed with physician for potential Exceptional Distribution.

Directed Physical Exam **Not Required** Directed Physical Exam **Required – Complete page 2**

PART 2 – DIRECTED PHYSICAL EXAMINATION

ASSESS FOLLOWING FOR FEMALE POTENTIAL DONORS

Signs of sexually transmitted diseases such as genital ulcerative disease, herpes simplex, syphilis, or chancroid (<i>If yes, send for gynecological exam</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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ASSESS FOLLOWING FOR MALE POTENTIAL DONORS

Signs of sexually transmitted diseases such as genital ulcerative disease, herpes simplex, syphilis, or chancroid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Physical evidence of anal intercourse including perianal condyloma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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ASSESS FOLLOWING FOR MALE AND FEMALE POTENTIAL DONORS

Physical evidence of non-medical percutaneous drug use such as needle tracks, including the examination of any tattoos that may be covering needle tracks	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical evidence of recent tattooing, ear piercing, or body piercing	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Oral thrush	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Generalized vesicular rash (generalized vaccinia) and/or	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Presence of an infection or malignancy (e.g., by means of inspection and palpation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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****Any Yes responses to evidence of High Risk behaviours require review and comment in donor chart****

Adapted from CBS KPD Protocol: Physical Examination Form for Living Donors F800857