

Name: _____
 PHN: _____
 Patient Label

Physical Examination Form for Potential MAiD Donors

To Be Completed By a Physician or RN

PART 1 – Complete for All Potential Donor Physical Examinations

_____ Patient Name (Please print)

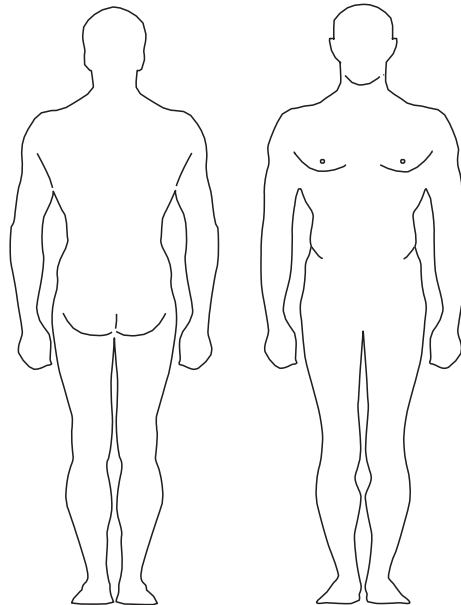
Weight (Kg): _____ Height (cm): _____

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

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 Muskoskeletal 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

Complete Part 2: Directed physical examination is required when any high risk behavior is suspected or if requested by BC Transplant.

Directed Physical Exam **Not Required** Directed Physical Exam **Required**

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

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
Physical evidence of anal intercourse including perianal condyloma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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
Physical evidence of recent tattooing, ear piercing, or body piercing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral thrush	<input type="checkbox"/> Yes <input type="checkbox"/> No
Generalized vesicular rash (generalized vaccinia) and/or	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of an infection or malignancy (e.g., by means of inspection and palpation)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PHYSICAL EXAM COMPLETED BY:

PRINT NAME and CREDENTIALS

SIGNATURE

DATE (yyyy/mm/dd)

 BCT Coordinator Initials

 Donor ID Number

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