FERTILITY TREATMENT CENTER

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CLIA#03D0692832 • CAP Accredited • fertilitytreatmentcenter.com

Printed Patient Name: DOB:

FEMALE DONOR PHYSICAL EXAMINATION -

Please give this to your provider that is performing the physical exam.

Instructions for use: FDA requests that a physical examination be performed and documented to assess a donor for signs of a relevant communicable disease and for signs suggestive of any risk factor for a relevant communicable disease. Utilization of this form will assist in documenting such clinical and physical evidence. If you elect not to have a physical examination carried out, you may disregard this form.

Date of Examination: _____

Vitals: Height _____ Weight _____ Temperature _____ Pulse _____ Respiration _____ BP _____

Any changes in health status since last exam? Y N **Any changes** in social behavior? Y N

Review of Systems			Physical Exam		
	WNL	Notes		WNL	Notes
Cons	☐		Const	☐	
Eyes	☐		Eyes	☐	
ENT/mouth	☐		ENT/mouth	☐	
CV	☐		Neck	☐	
Resp	☐		Resp	☐	
GI	☐		CV	☐	
GU	☐		Chest (breasts)	☐	
Musc	☐		GI (abdomen)	☐	
Skin/breasts	☐		Lymph	☐	
Neuro	☐		GU	☐	
Psych	☐		Musc	☐	
Endo	☐		Skin	☐	
Hem/lymph	☐		Neuro	☐	
Allerg/immun	☐		Psych	☐	

Is there evidence of:

Jaundice/Icterus	Y N	
Enlarged Lymph Nodes	Y N	
Oral Thrush	Y N	
Hepatomegaly	Y N	
Sexually transmitted disease including genital lesions, ulcers, vesicles or condyloma	Y N	
Abnormal Vaginal Discharge	Y N	
Insertion Trauma/Perianal Condyloma	Y N	
Percutaneous Drug Use	Y N	
Rash, open skin lesions or sores	Y N	
Blue or purple spots consistent with Kaposi's Sarcoma	Y N	
Sepsis including unexplained rash or fever	Y N	

Explain if any answers are "Yes":

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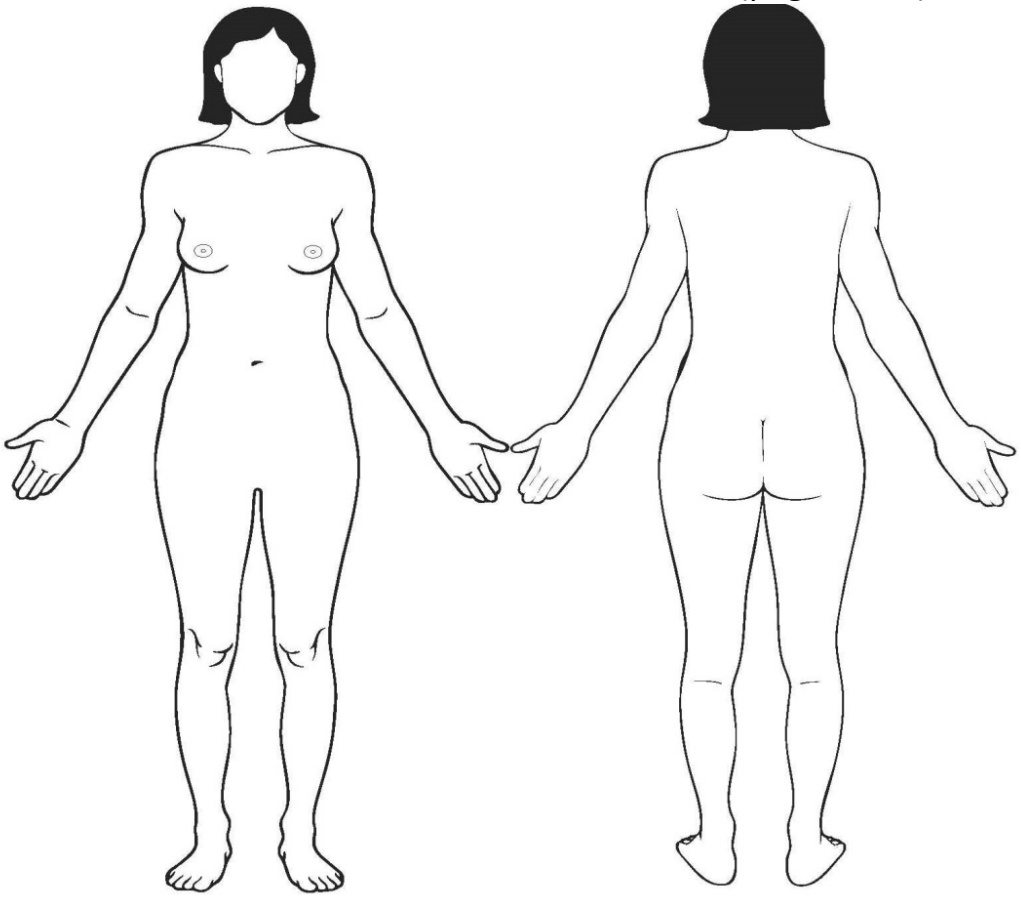
FEMALE DONOR PHYSICAL EXAMINATION (page 2 of 2)



Please mark the location of any rashes, scars, lesions, tattoo(s), piercing(s), needle tracks or hematomas.

Key to schematics:

[**A**] Abrasion	[**P**] Body Piercing – requires description
[**B**]Bruise/Contusion	[**R**] Rash
[**H**] Hematoma	[**S**] Scar (surgical/trauma)
[**L**] Laceration/Wound	[**T**] Tattoo – requires description
[**N**] Needle entry site	[**V**] Skin lesion
[ ] (Other) _____	

OR

☐ None of the characteristics noted

Does the patient display physical evidence of recent (in the preceding 12 months) tattooing, ear piercing, or body piercing in which sterile procedures were not used **(Circle One)**? **Y** **N**

Examination performed by:

_____	_____	_____
Print Name & Title	Signature	Date