



FERTILITY TREATMENT CENTER

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Printed Patient Name: _____ DOB: _____

MALE SPERM 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	<input type="checkbox"/>		Const	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>		Eyes	<input type="checkbox"/>	
ENT/mouth	<input type="checkbox"/>		ENT/mouth	<input type="checkbox"/>	
CV	<input type="checkbox"/>		Neck	<input type="checkbox"/>	
Resp	<input type="checkbox"/>		Resp	<input type="checkbox"/>	
GI	<input type="checkbox"/>		CV	<input type="checkbox"/>	
GU	<input type="checkbox"/>		Chest (breasts)	<input type="checkbox"/>	
Musc	<input type="checkbox"/>		GI (abdomen)	<input type="checkbox"/>	
Skin/breasts	<input type="checkbox"/>		Lymph	<input type="checkbox"/>	
Neuro	<input type="checkbox"/>		GU	<input type="checkbox"/>	
Psych	<input type="checkbox"/>		Musc	<input type="checkbox"/>	
Endo	<input type="checkbox"/>		Skin	<input type="checkbox"/>	
Hem/lymph	<input type="checkbox"/>		Neuro	<input type="checkbox"/>	
Allerg/immun	<input type="checkbox"/>		Psych	<input type="checkbox"/>	

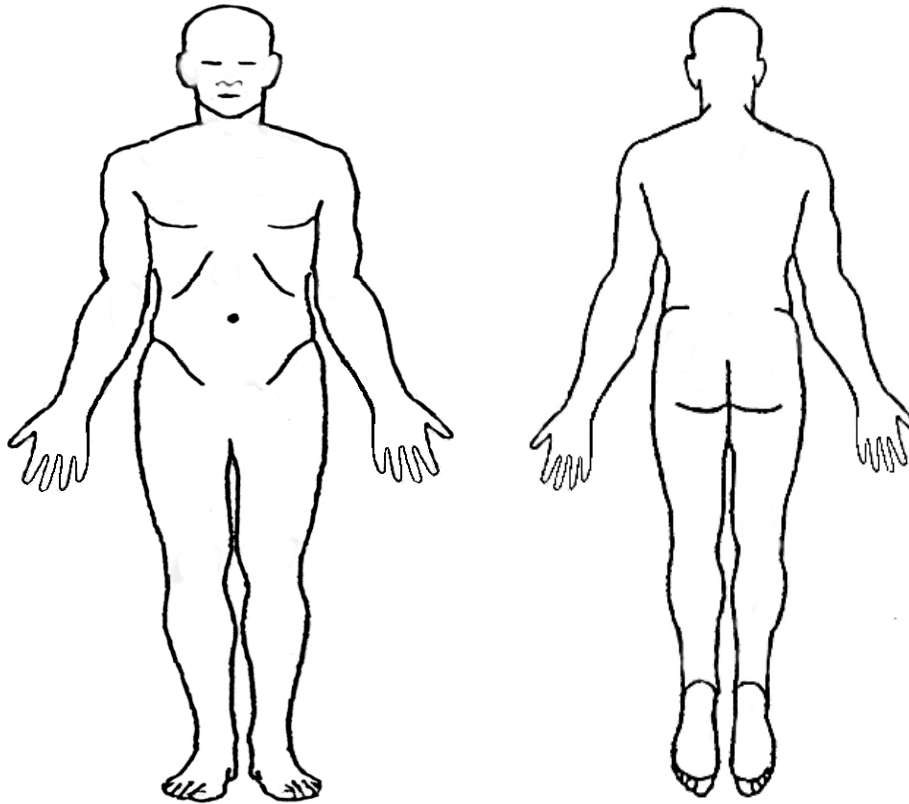
Is there evidence of:

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 Urethral 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":



MALE SPERM 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