

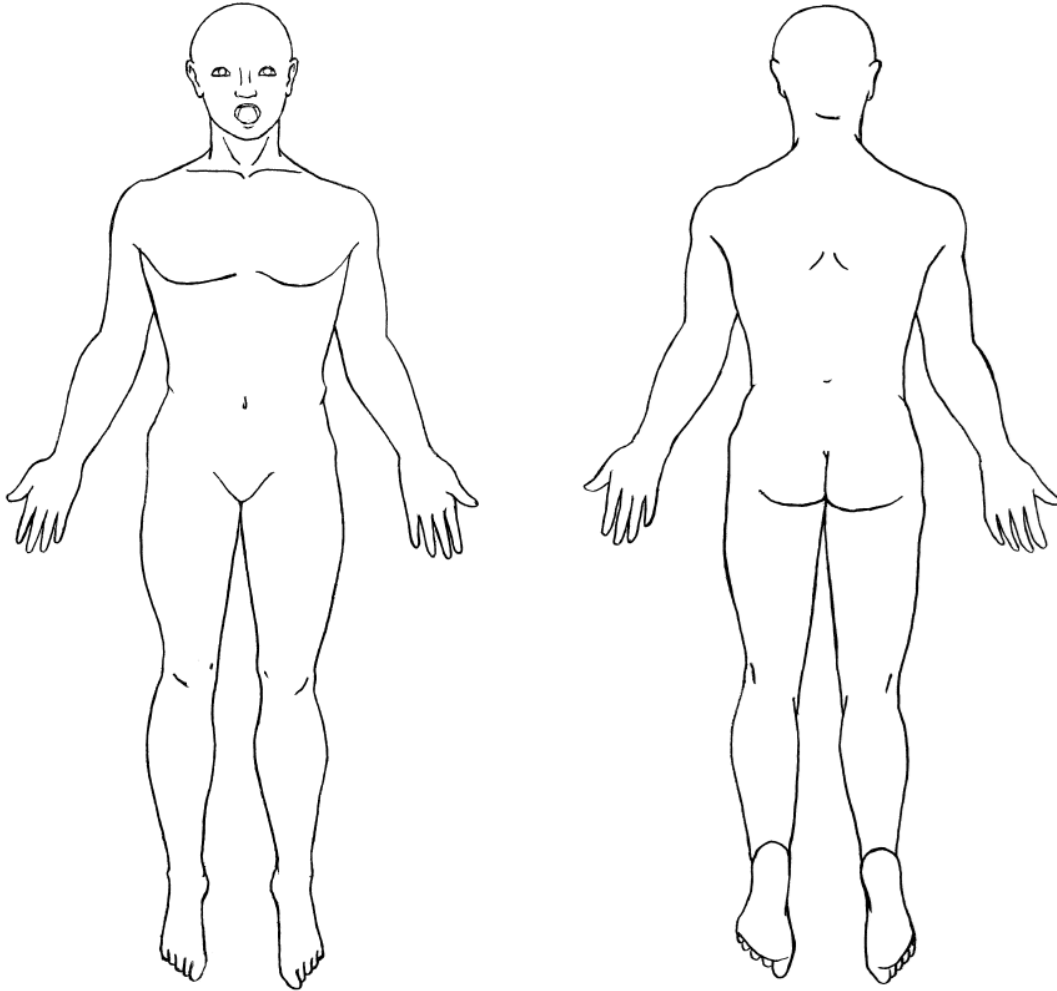
Physical exam done by: _____
(in print letters)

Unique identifier number

Date and time of the exam: _____ : _____
YYYY-MM-DD hh:mm

ASSESSMENT	YES	NO	If affirmative answer or if verification impossible, please submit necessary explanations
1. Physical evidence of recent tattoo	<input type="checkbox"/>	<input type="checkbox"/>	
2. Physical evidence of ear or body piercings	<input type="checkbox"/>	<input type="checkbox"/>	
3. Physical evidence of non medical percutaneous drug use such as needle tracks (including an examination of tattoos as they may cover up needle tracks)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Lesion, infection or trauma at the eventual organ retrieval site	<input type="checkbox"/>	<input type="checkbox"/>	
5. Presence of cutaneous spots (blue, purple, gray or black) consistent with Kaposi's Sarcoma or other malignancy	<input type="checkbox"/>	<input type="checkbox"/>	
6. Unexplained jaundice, hepatomegaly or icterus	<input type="checkbox"/>	<input type="checkbox"/>	
7. Unexplained lymphadenopathy or mucocutaneous lesions	<input type="checkbox"/>	<input type="checkbox"/>	
8. Masses suspicious of malignancy (abdominal, breast or other location)	<input type="checkbox"/>	<input type="checkbox"/>	
9. Pulmonary lesions on x-ray compatible with neoplasia	<input type="checkbox"/>	<input type="checkbox"/>	
10. Oral thrush	<input type="checkbox"/>	<input type="checkbox"/>	
11. Signs of sexually transmitted diseases such as genital ulcerative disease, herpes simplex, syphilis or chancroid (genital lesions)	<input type="checkbox"/>	<input type="checkbox"/>	
12. For a male donor: physical evidence of anal intercourse including perianal condyloma	<input type="checkbox"/>	<input type="checkbox"/>	
13. Physical evidence of sepsis (such as unexplained generalized rash)	<input type="checkbox"/>	<input type="checkbox"/>	
14. Presence of marks consistent with recent smallpox immunization (large scab, eczema vaccinatum, generalized vesicular rash (generalized vaccinia), severely necrotic lesion consistent with vaccinia necrosum, corneal scarring consistent with vaccinal keratitis)	<input type="checkbox"/>	<input type="checkbox"/>	
15. Identified ocular abnormality (e.g. jaundice, sore, tumor, corneal infection)	<input type="checkbox"/>	<input type="checkbox"/>	

Please complete the back of this document and ensure it is signed and dated.



Legend:

A Abrasion	M Mass	SR Skin rash	1 _____
B Burn	NTR Nothing to report	T Tattoo	2 _____
BP Body piercing	OFX Open fracture	NT Non-medical needle track	3 _____
CE Contusion / Ecchymosis	PFX Penetrating fracture	VS Venipuncture site	4 _____
FX Fracture	PW Profound wound	W Wound	5 _____
L Laceration	SI Scar / Incision		

Comments: _____

Exam done by: _____ **Title :** _____
Signature of physician

Hospital : _____ **Date :** _____
YYYY-MM-DD

Please submit this completed form to the coordinator-clinical advisor in charge of the case.

Conformité du présent formulaire vérifié par : _____
Signature du coordonnateur-conseiller clinique