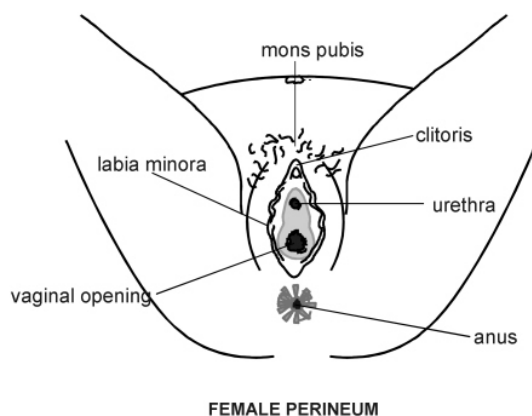
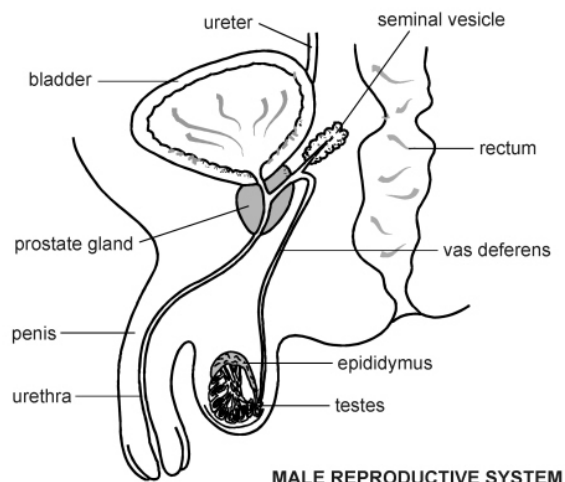


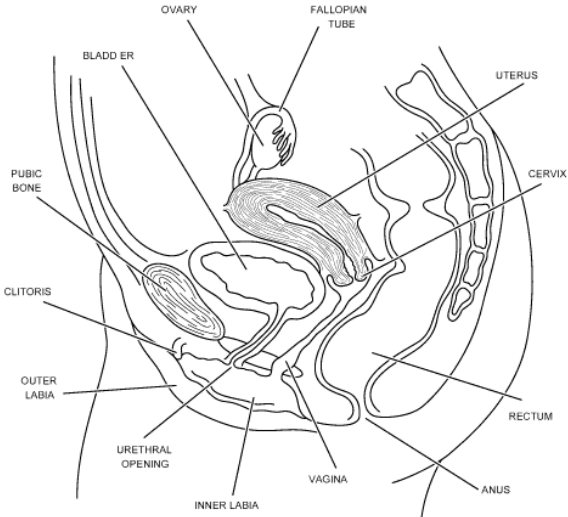

DATE OF EXAM	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
Notes/Description							
MALE EXAMINATION							
External Genitals		Mass		Size		Location	
		Discharge		Description			
		Lesions		Inflammation			
FEMALE EXAMINATION							
External Genitals							
Escutcheon		Pattern		Male/Female			
		Cleanliness		Yes/No			
		Pubic Lice		Yes/No			
		Rash/Irritation		Yes/No			
Pudenda		Labia		Major/Minor			
		Clitoris		Body/Hood			
		Vestibule					
		Introitus		Scarring?			
				Discharge?			
				Other			
		Perineum		Scarring?			
				Condylomata?			
				Other			



LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
		PHYSICAL EXAMINATION Medical Record	

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

PHYSICAL EXAMINATION

			Notes/Description
	Anal Verge	Hemorrhoids?	 
		Condylomata?	
		Other	
Internal Genitals	Vagina	Discharge?	
		Estrogenized?	
		Condylomata?	
		Ulcerations?	
		Other	
	Cervix	Lesions?	
		Discharge?	
		Scarring?	
		Size?	
		Os	
	Uterus	Size?	
		Contour?	
		Tender?	
	Adnexa	Mass?	
		Tender?	
		Other	

Impression/Notes:

Labs/Follow-up:

SIGNATURE OF PHYSICIAN/RN	NAME OF PHYSICIAN/RN
---------------------------	----------------------