

PARTICIPANT LABEL	CASE NUMBER	GROUP NUMBER	
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	
	0 1 2 3 4 5 6 7 8 9	EXAMINER I.D.	
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	

FORM AFHS-3A PHYSICAL EXAMINATION (PART 1) (SHEET 2 OF 2) YEAR 15 FOLLOW UP

CODES **N** = NO OR NONE **R** = REFUSED **L** = LEFT
 Y = YES **X** = COULD NOT EXAMINE **R** = RIGHT

ENT/NECK

ENT ARE		LEFT	RIGHT
<input type="radio"/> NORMAL	TYMPANIC MEMBRANE INTACT?	<input type="radio"/> N <input type="radio"/> Y <input type="radio"/> X	<input type="radio"/> N <input type="radio"/> Y <input type="radio"/> X
<input type="radio"/> ABNORMAL	EAR IRRIGATED TO REMOVE WAX?	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
<input type="radio"/> REFUSED	NASAL MUCOSA ULCERATED?	<input type="radio"/> N <input type="radio"/> Y <input type="radio"/> X	<input type="radio"/> N <input type="radio"/> Y <input type="radio"/> X
<input type="radio"/> Y <input type="radio"/> N COMMENTS? ○ ○			

NECK AREA IS		LEFT	RIGHT
<input type="radio"/> NORMAL	PAROTID GLAND RELATED?	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
<input type="radio"/> ABNORMAL	CAROTID BRUIT PRESENT?	<input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> N <input type="radio"/> Y
<input type="radio"/> REFUSED	CAROTID PULSE IS:	<input type="radio"/> N <input type="radio"/> D <input type="radio"/> A	<input type="radio"/> N <input type="radio"/> D <input type="radio"/> A
(N = NORMAL D = DIMINISHED A = ABSENT)			

THYROID GLAND	PALPABLE	ENLARGED	NODULES	TENDER	OTHER
	<input type="radio"/> N <input type="radio"/> Y				

Y N COMMENTS? ○ ○

THORAX AND LUNGS CIRCUMFERENCE (CM)

<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL <input type="radio"/> REFUSED <input type="radio"/> Y <input type="radio"/> N COMMENTS? ○ ○	<input type="radio"/> Y <input type="radio"/> N ASYMMETRICAL EXPANSION <input type="radio"/> Y <input type="radio"/> N HYPERRESONANCE <input type="radio"/> Y <input type="radio"/> N DULLNESS <input type="radio"/> Y <input type="radio"/> N WHEEZES <input type="radio"/> Y <input type="radio"/> N RALES <input type="radio"/> ← (NOTE LOCATION) <input type="radio"/> Y <input type="radio"/> N SUSPECTED COPD <input type="radio"/> ← (DESCRIBE)	WAIST <table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td> </td></tr> <tr><td>5</td><td>5</td><td> </td></tr> <tr><td>6</td><td>6</td><td> </td></tr> <tr><td>7</td><td>7</td><td> </td></tr> <tr><td>8</td><td>8</td><td> </td></tr> <tr><td>9</td><td>9</td><td> </td></tr> </table>				0	0	0	1	1	1	2	2	2	3	3	3	4	4		5	5		6	6		7	7		8	8		9	9		CHEST AT NIPPLE LEVEL <table border="1"> <tr><th colspan="3">EXPIRATION</th></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td> </td></tr> <tr><td>3</td><td>3</td><td> </td></tr> <tr><td>4</td><td>4</td><td> </td></tr> <tr><td>5</td><td>5</td><td> </td></tr> <tr><td>6</td><td>6</td><td> </td></tr> <tr><td>7</td><td>7</td><td> </td></tr> <tr><td>8</td><td>8</td><td> </td></tr> <tr><td>9</td><td>9</td><td> </td></tr> </table> <table border="1"> <tr><th colspan="3">INSPIRATION</th></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td> </td></tr> <tr><td>3</td><td>3</td><td> </td></tr> <tr><td>4</td><td>4</td><td> </td></tr> <tr><td>5</td><td>5</td><td> </td></tr> <tr><td>6</td><td>6</td><td> </td></tr> <tr><td>7</td><td>7</td><td> </td></tr> <tr><td>8</td><td>8</td><td> </td></tr> <tr><td>9</td><td>9</td><td> </td></tr> </table>	EXPIRATION						0	0	0	1	1	1	2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		INSPIRATION						0	0	0	1	1	1	2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		NECK <table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td> </td></tr> <tr><td>5</td><td>5</td><td> </td></tr> <tr><td>6</td><td>6</td><td> </td></tr> <tr><td>7</td><td>7</td><td> </td></tr> <tr><td>8</td><td>8</td><td> </td></tr> <tr><td>9</td><td>9</td><td> </td></tr> </table>				0	0	0	1	1	1	2	2	2	3	3	3	4	4		5	5		6	6		7	7		8	8		9	9	
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HEART

HEART EXAM IS: <input type="radio"/> NORMAL <input type="radio"/> ABNORMAL <input type="radio"/> REFUSED	MURMUR? <input type="radio"/> NO <input type="radio"/> YES, PROBABLY FUNCTIONAL <input type="radio"/> YES, SUSPECT ORGANIC <input type="radio"/> YES, ORGANIC	INDICATE CHEST AREA(S) TO WHICH MURMUR WAS PROJECTED MOST INTENSELY. (MARK Ns IF NO MURMUR)																																			
ABNORMAL HEART SOUNDS? <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> N DISPLACED APICAL IMPULSE? <input type="radio"/> Y <input type="radio"/> N PRECORDIAL THRUST?	<table border="1"> <tr> <th></th> <th>S1</th> <th>S2</th> <th>S3</th> <th>S4</th> </tr> <tr> <td>AORTIC</td> <td><input type="radio"/> N <input type="radio"/> Y</td> </tr> <tr> <td>PULMONIC</td> <td><input type="radio"/> N <input type="radio"/> Y</td> </tr> <tr> <td>APEX</td> <td><input type="radio"/> N <input type="radio"/> Y</td> </tr> <tr> <td>LLSB</td> <td><input type="radio"/> N <input type="radio"/> Y</td> </tr> </table>		S1	S2	S3	S4	AORTIC	<input type="radio"/> N <input type="radio"/> Y	PULMONIC	<input type="radio"/> N <input type="radio"/> Y	APEX	<input type="radio"/> N <input type="radio"/> Y	LLSB	<input type="radio"/> N <input type="radio"/> Y	<table border="1"> <tr> <th>SYSTOLIC</th> <th>DIASTOLIC</th> </tr> <tr> <td><input type="radio"/> N <input type="radio"/> Y</td> <td><input type="radio"/> N <input type="radio"/> Y</td> </tr> <tr> <td><input type="radio"/> N <input type="radio"/> Y</td> <td><input type="radio"/> N <input type="radio"/> Y</td> </tr> <tr> <td><input type="radio"/> N <input type="radio"/> Y</td> <td><input type="radio"/> N <input type="radio"/> Y</td> </tr> <tr> <td><input type="radio"/> N <input type="radio"/> Y</td> <td><input type="radio"/> N <input type="radio"/> Y</td> </tr> </table>	SYSTOLIC	DIASTOLIC	<input type="radio"/> N <input type="radio"/> Y																			
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Y N HEART COMMENTS? ○ ○

FORM QA AUDIT BY:
 1 2 3 4 5 6 INITIALS:
 DATE:

PARTICIPANT LABEL	CASE NUMBER										GROUP NUMBER											
		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9	EXAMINER I.D.										
		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9



FORM AFHS-3B PHYSICAL EXAMINATION (PART 2) (SHEET 2 OF 2)

YEAR 15 FOLLOW UP

GENITOURINARY EXAM (PE PART 2 CONTINUED)

GENITOURINARY EXAM			TESTES					
<input type="radio"/> NORMAL	<input type="radio"/> ABNORMAL	<input type="radio"/> REFUSED	NORMAL	ENLARGED	NODULE	ATROPHIC	ABSENT	OTHER
			LEFT	<input type="radio"/>				
			RIGHT	<input type="radio"/>				

YES	NO	REFUSED	QUESTION	YES	NO	REFUSED	QUESTION							
<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> R	RIGHT INGUINAL HERNIA?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> R	VARICOCELE							
<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> R	LEFT INGUINAL HERNIA?	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> R	EPIDIDYMAL ABNORMALITY							
<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> R	SCROTAL MASS PRESENT?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> +	SCROTAL MASS SIZE (DIAMETER IN CM)

Y N COMMENTS:

RECTAL EXAM

RECTAL EXAM	HEMORRHOIDS	NONE APPARENT	REFUSED	BLEEDING	THROMBOSED	OTHER
<input type="radio"/> NORMAL	EXTERNAL	<input type="radio"/>				
<input type="radio"/> ABNORMAL	INTERNAL	<input type="radio"/>				
<input type="radio"/> REFUSED						

YES	NO	REFUSED	QUESTION
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PROSTATIC ENLARGEMENT?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	RECTAL MASS(ES)?

Y N COMMENTS?

LYMPH NODES

	NORMAL	ENLARGED	TENDER	HARD	FIXED	CONFLUENT	OTHER
<input type="radio"/> NORMAL	<input type="radio"/>						
<input type="radio"/> ABNORMAL	<input type="radio"/>						
<input type="radio"/> REFUSED	<input type="radio"/>						

Y N COMMENTS:

SUMMARY OF FOLLOW-UP INDICATED OR RECOMMENDED

<p>SUMMARY OF FINDINGS ENTIRE EXAM WAS:</p> <p><input type="radio"/> ALL NORMAL</p> <p><input type="radio"/> NORMAL WITH NOTED VARIATIONS</p> <p><input type="radio"/> ABNORMAL AS SUMMARIZED</p> <p><input type="radio"/> REFUSED ENTIRE EXAM</p> <p><input type="radio"/> Y <input type="radio"/> N ANY OTHER TESTS INDICATED?</p> <p><input type="radio"/> Y <input type="radio"/> N ANY OTHER TESTS ORDERED?</p> <p><input type="radio"/> Y <input type="radio"/> N OTHER TESTS DESCRIBED?</p>	<p><input type="radio"/> Y <input type="radio"/> N COMMENTS:</p>		
	<p>PRINTED NAME OF EXAMINING PHYSICIAN</p>	<p>INITIALS / DATE</p>	<p>FORM QA AUDIT BY:</p> <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 INITIALS:</p> <p>DATE:</p>

PARTICIPANT LABEL	CASE NUMBER									GROUP NUMBER											
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7		8	9
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	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7		8	9
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	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7		8	9

FORM AFHS-4A DERMATOLOGIC EXAMINATION AND BIOPSY

YEAR 15 FOLLOW UP

FOR POSITIVE FINDINGS NOTE TYPE AND LOCATION ON ANATOMIC CHART
AND DARKEN THE APPROPRIATE CIRCLE BELOW

SKIN

EXAM WAS: NORMAL NORMAL WITH RESULTS ABNORMAL REFUSED ANATOMICAL CHART USED? Y N

YES	NO	TYPE	YES	NO	TYPE
<input type="radio"/>	<input type="radio"/>	1 COMEDONES	<input type="radio"/>	<input type="radio"/>	17 ORAL MUCOSAL ABNORMALITY
<input type="radio"/>	<input type="radio"/>	2 ACNEIFORM LESIONS	<input type="radio"/>	<input type="radio"/>	18 FINGER NAIL ABNORMALITY
<input type="radio"/>	<input type="radio"/>	3 ACNEIFORM SCARS	<input type="radio"/>	<input type="radio"/>	19 TOE NAIL ABNORMALITY
<input type="radio"/>	<input type="radio"/>	4 DEPIGMENTATION	<input type="radio"/>	<input type="radio"/>	20 DERMATOGRAPHIA
<input type="radio"/>	<input type="radio"/>	5 INCLUSION CYSTS	<input type="radio"/>	<input type="radio"/>	21 SUSPECTED BASAL CELL CARCINOMA
<input type="radio"/>	<input type="radio"/>	6 CUTIS RHOMBOIDALIS	<input type="radio"/>	<input type="radio"/>	22 SUSPECTED SQUAMOUS CELL CARCINOMA
<input type="radio"/>	<input type="radio"/>	7 HYPERPIGMENTATION	<input type="radio"/>	<input type="radio"/>	23 ATYPICAL/UNUSUAL NEVUS
<input type="radio"/>	<input type="radio"/>	8 JAUNDICE	<input type="radio"/>	<input type="radio"/>	24 VITILIGO
<input type="radio"/>	<input type="radio"/>	9 SPIDER ANGIOMATA	<input type="radio"/>	<input type="radio"/>	25 TINEA PEDIS
<input type="radio"/>	<input type="radio"/>	10 PALMAR ERYTHEMA	<input type="radio"/>	<input type="radio"/>	26 INTERTRIGO
<input type="radio"/>	<input type="radio"/>	11 SUSPECTED MELANOMA	<input type="radio"/>	<input type="radio"/>	27 LIPOMA
<input type="radio"/>	<input type="radio"/>	12 PALMAR KERATOSES	<input type="radio"/>	<input type="radio"/>	28 ECZEMA
<input type="radio"/>	<input type="radio"/>	13 ACTINIC KERATOSES	<input type="radio"/>	<input type="radio"/>	29 PSORIASIS
<input type="radio"/>	<input type="radio"/>	14 PETECHIAE	<input type="radio"/>	<input type="radio"/>	30 SEBORRHEIC DERMATITIS
<input type="radio"/>	<input type="radio"/>	15 ECCHYMOSES	<input type="radio"/>	<input type="radio"/>	31 OTHER ABNORMALITY(IES)
<input type="radio"/>	<input type="radio"/>	16 CONJUNCTIVAL ABNORMALITY			

SKIN BIOPSY

BIOPSY NOT INDICATED BIOPSY REFUSED
 BIOPSY INDICATED, IF SO BIOPSY PERFORMED, IF SO # SAMPLES 0 1 2 3 4 5 6 7 8 9
 REFERRED YES CONSENT FORM OBTAINED

<input checked="" type="radio"/> Y <input type="radio"/> N SAMPLE # TYPE AND LOCATION CODE(S)	<input type="radio"/> Y <input type="radio"/> N COMMENT(S)/SUSPECTED DIAGNOSIS
<input type="radio"/>	<input type="radio"/>

PRINTED NAME OF EXAMINING PHYSICIAN	INITIALS / DATE	FORM QA AUDIT BY:
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 INITIALS:
		DATE:

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	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	

FORM AFHS - 5 NEUROLOGIC EXAMINATION (SHEET 1 OF 2)

YEAR 15 FOLLOW UP

HEAD AND NECK				
INSPECTION AND PALPATION	NECK RANGE OF MOTION			(Y) (N) COMMENTS
CNE YES NO	NORMAL	DECREASED	CNE	
<input type="radio"/> NORMAL <input checked="" type="radio"/> (Y) <input type="radio"/> (N) ASYMMETRY	LEFT	<input type="radio"/>	<input type="radio"/> (X)	
<input type="radio"/> ABNORMAL <input checked="" type="radio"/> (Y) <input type="radio"/> (N) DEPRESSION	RIGHT	<input type="radio"/>	<input type="radio"/> (X)	
<input checked="" type="radio"/> (Y) <input type="radio"/> (N) SCAR	FORWARD	<input type="radio"/>	<input type="radio"/> (X)	
<input checked="" type="radio"/> (Y) <input type="radio"/> (N) OTHER	BACKWARD	<input type="radio"/>	<input type="radio"/> (X)	

MOTOR SYSTEMS			
GAIT	(Y) (N) COMMENTS	ARM SWING MOVEMENT	HANDEDNESS
CNE		NORMAL ABNORMAL CNE	
<input type="radio"/> NORMAL <input checked="" type="radio"/> (Y) <input type="radio"/> (N) BROAD BASED		LEFT <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> (X)	<input type="radio"/> LEFT
<input type="radio"/> ABNORMAL <input checked="" type="radio"/> (Y) <input type="radio"/> (N) SMALL STEPPED		RIGHT <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> (X)	<input type="radio"/> RIGHT
<input type="radio"/> COULD NOT EXAMINE			<input type="radio"/> BOTH

MUSCLE STATUS									
(Y) (N) COMMENTS	DECREASED			INCREASED			(Y) (N) COMMENTS		
	LEFT	RIGHT	BOTH	LEFT	RIGHT	BOTH			
<input type="radio"/> NORMAL <input type="radio"/> ABNORMAL									
BULK	NORMAL	CNE							
<input type="radio"/> TONE	UPPER EXTREMITIES	<input type="radio"/> <input checked="" type="radio"/> (X)	<input type="radio"/>						
	LOWER EXTREMITIES	<input type="radio"/> <input checked="" type="radio"/> (X)	<input type="radio"/>						
STRENGTH									
	DISTAL WRIST EXTENSORS	<input type="radio"/> <input checked="" type="radio"/> (X)	<input type="radio"/>						
	ANKLE/TOE FLEXORS	<input type="radio"/> <input checked="" type="radio"/> (X)	<input type="radio"/>						
	PROXIMAL DELTOIDS	<input type="radio"/> <input checked="" type="radio"/> (X)	<input type="radio"/>						
	HIP FLEXORS	<input type="radio"/> <input checked="" type="radio"/> (X)	<input type="radio"/>						

ABNORMAL MOVEMENTS										
(Y) (N) TICS, CHOREAS FASCICULATIONS	1	2	3	4	(Y) (N) TENDERNESS	1	2	3	4	(Y) (N) COMMENTS

TREMOR(S)					SPEECH		
(Y) (N) COMMENTS	EXTREMITY					<input type="radio"/> NORMAL	<input type="radio"/> DYSARTHRIA
	UPPER		LOWER			<input type="radio"/> APHASIA	<input type="radio"/> AGNOSIA
	LEFT	RIGHT	LEFT	RIGHT		<input type="radio"/> OTHER ABNORMALITY	
	NO TREMOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Y) (N) COMMENTS	<input type="radio"/>
	RESTING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	ESSENTIAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	INTENTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	OTHER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

COORDINATION						
(Y) (N) COMMENTS	NORMAL	ABNORMAL			CNE	
		LEFT	RIGHT	BOTH		
	1 EQUILIBRATORY (ROMBERG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>
	2 FINGER-NOSE-FINGER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>
	3 HEEL-KNEE-SHIN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>
	4 HAND PRONATION/SUPINATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>
	5 RAPID PATTING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>

DEEP TENDON REFLEXES											
(0 = ABSENT, 1 = SLUGGISH, 2 = ACTIVE, 3 = VERY ACTIVE, X = CNE)	LEFT	ACTIVITY			CNE	RIGHT	ACTIVITY			CNE	(Y) (N) COMMENTS
		0	1	2	3		0	1	2	3	
	BICEPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>
	TRICEPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>
	PATELLAR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>
	ACHILLES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>
	BABINSKI	PRESENT <input type="radio"/>	ABSENT <input type="radio"/>	<input checked="" type="radio"/> (X)		PRESENT <input type="radio"/>	ABSENT <input type="radio"/>	<input checked="" type="radio"/> (X)			<input type="radio"/>

(Y) (N) COMMENTS	LEFT			RIGHT			CNE	
	NORMAL	TRANSIENT	SUSTAINED	CNE	NORMAL	TRANSIENT	SUSTAINED	
	PATELLAR	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)
	ACHILLES	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (X)

FORM QA AUDIT BY: _____

1 2 3 4 5 6 **INITIALS:** _____

DATE: _____