



CHILDRENLink: LOGIC

**Form 07 Physical Exam LOGIC G4**

**A: EXAM DATE**

A1	Exam Date:	____ / ____ / ____
A2	Source of Data (check all that apply):	<input type="checkbox"/> Attending Physician <input type="checkbox"/> Study Investigator <input type="checkbox"/> Medical Record

**B: VITAL SIGNS AND ANTHROPOMETRICS**

B1	Vital Signs	<input type="checkbox"/> Done	<input type="checkbox"/> Not Done → go to B9
B2	Blood Pressure	____ Systolic in mm Hg	<input type="checkbox"/> Not Done
		____ Diastolic in mm Hg	<input type="checkbox"/> Not Done
B3	Heart rate (when quiet)	____ beats/min	<input type="checkbox"/> Not Done
B4	Oxygen saturation in room air (upright position - for at least 5 minutes)	____ %	<input type="checkbox"/> Not Done
B6	Respiratory Rate	____ respirations per minute	<input type="checkbox"/> Not Done
B7	Temperature	____ °C	<input type="checkbox"/> °F <input type="checkbox"/> Not Done
B9	Weight	____	<input type="checkbox"/> kgs <input type="checkbox"/> lbs <input type="checkbox"/> oz <input type="checkbox"/> oz <input type="checkbox"/> Not Done
B10	Length/height	____	<input type="checkbox"/> cm <input type="checkbox"/> feet <input type="checkbox"/> inches <input type="checkbox"/> inches <input type="checkbox"/> Not Done
B11	Head circumference (if ≤ 3 years age)	____	<input type="checkbox"/> cm <input type="checkbox"/> inches <input type="checkbox"/> NA (>3 years) <input type="checkbox"/> Not Done
B12	Mid arm circumference	Right arm: ____ cm	<input type="checkbox"/> Not Done
		Left arm: ____ cm	<input type="checkbox"/> Not Done
For skinfold measurements, perform all measurements in triplicate and record the mean			
B13	Triceps skinfold thickness	Right: ____ mm	<input type="checkbox"/> Not Done
		Left: ____ mm	<input type="checkbox"/> Not Done

**C: PHYSICAL EXAM 1**

C1	Physical Examination	O Done	O Not Done → go to E1
C2	Record Abnormal Findings:		

**E: INVESTIGATOR SIGNATURE**

E1	Investigator Signed?	O No → Done	O Yes
E2	Date investigator signed	____ / ____ / ____	