

**EUROPEAN UNION  
Joint Sickness Insurance Scheme**

**SCREENING PROGRAMME**

**Full general clinical examination**

NAME:..... First name:..... Date of birth:.....

Date of the examination:

Name of examining doctor:

Biometric measurements:

Height:.....m. Weight:.....kg BMI (W/H<sup>2</sup>)=.....  
Waist circumference:.....cm

Are there any abnormalities in the mouth or throat? YES NO

If yes, state which: .....

Cardiovascular system:

BP:..... mm Hg measured in sitting position

BP:..... mm Hg measured in sitting position after five-minute rest, if first reading higher than 140/90

Cardiac frequency: ...../ minute

Irregularities?... If yes, state which:.....

Auscultation abnormalities:.....

Bilateral ankle oedema: YES NO

Palpable pulse: femoral: r. YES NO l. YES NO

pedal: r. YES NO l. YES NO

post. tibial: r. YES NO l. YES NO

Respiratory system:

Normal pulmonary auscultation? YES NO

If not, describe abnormality?.....

Abdomen:

Do you feel an abnormal mass or an enlarged liver or spleen? YES NO

If yes, state which:.....

Is there a hernia or rupture? YES NO

If yes, where? .....

Do you feel enlarged lymph glands? YES NO

If yes, give details:.....

Are there any testicular abnormalities (men under 40)? YES NO

Musculoskeletal system:

Are there any bone or joint abnormalities? YES NO

If yes, state which: .....

Skin:

Are there any suspicious lesions (particularly where risk identified in interview)? YES NO

If yes, state which: .....

Other:

Have you discovered any other significant clinical abnormalities as a result of the interview and clinical examination?

YES NO

If yes, state which: .....

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**Summary of clinical abnormalities detected:**

- 1: .....
- 2: .....
- 3: .....
- 4: .....
- 5: .....
- 6: .....