



# Loyola CMF NHP Exam Form

Clin5240F

Preparing people to lead extraordinary lives

At minimum, grey boxes on form must be completed for a physical exam.

Arrival Date:	Source:	Sex:	CMF ID #:	USDA #:
IACUC #:	PI:	DOB:	Species:	Color:
Ear Tag #:	Other tattoo/markings:		Health Status:	

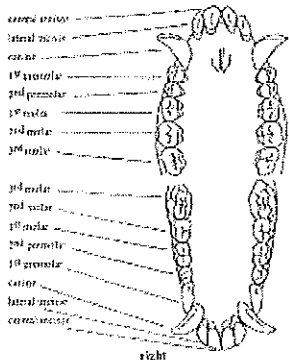
Exam Date:	T (°F):	Anesthesia for PE		Samples Collected	✓
Reason for Exam:	P (bpm):	Ketamine:		Bld. for CBC (lav.)	
Weight (kg):	R (rpm):	Ket/xyl:		Bld. for chem. (yel.)	
Body Condition:		Iso:		Bld. for serology	
Examiner:		Other:		Tape Test	
(N=normal, A=abnormal)	N	A	Comments		Feces for float
Haircoat:			Alopecia: Y/N	Location:	Feces for cult.
Skin:					Urine (cysto / cath)
Musculoskltl:					Other
Eyes:					Other
Ears:					Other
Dentition:					
Teeth Trimmed:	Y/N	Nails Trimmed:	Y/N		
Muc. Mem.:			CRT: seconds		
Respiratory:			Auscultation: N / A		
Cardiovascular:			Auscultation: N / A		
Abdomen:			Palpation: N / A		
Urogenital:			Palpation: N / A		
Lymph nodes:					

Other Comments/Treatments Administered:

Qn/Conditioning Release (if applicable): Initials:

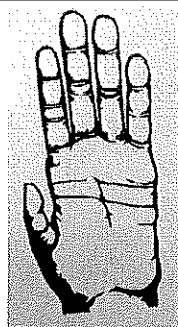
Periodic review of record and medical, social, and behavioral histories:

Date: Comments: Initials:



MANDIBLE

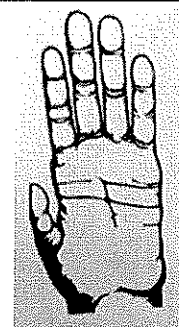
MANDIBLE



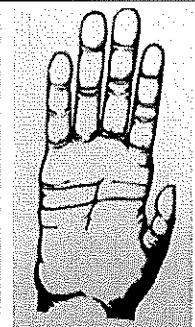
Left Hand



Right Hand



Left Foot



Right Foot