



DONOR NAME: _____

DONOR NUMBER: _____

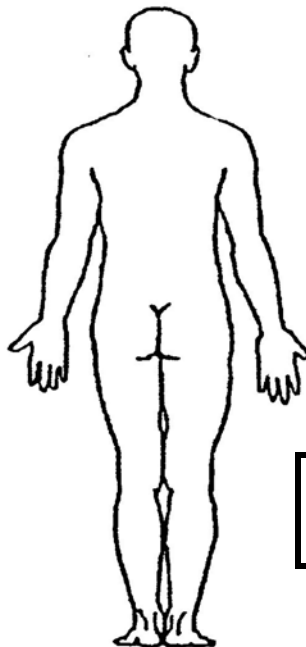
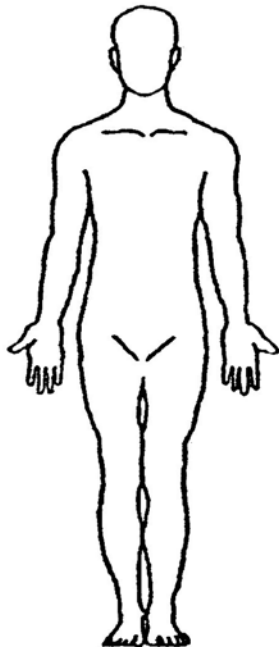
PHYSICAL EXAMINATION

Gross Body Examination – indicate lacerations, abrasions, tattoos, IV sites, airways, ulcers, bruises, scars, other identifying marks or lesions. **Check "Normal" ONLY in the absence of any of the above findings.**

Normal

Normal

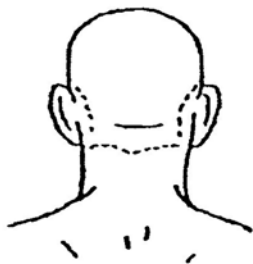
Normal



Draw location(s) of positive findings on diagram(s)

- Tattoos Yes No
- IV Track Marks Yes No
- Piercings Yes No
- Kaposi's Sarcoma Yes No
- Jaundiced Yes No

Normal



I.D. Verified On Toe Tag / Wristband:
(Your Initials): _____

Other Findings: _____

OCULAR EXAMINATION (PENLIGHT)

RIGHT EYE

LEFT EYE

- Lids Closed Yes No
- Superior Lid Normal Other _____
- Inferior Lid Normal Other _____
- Conjunctiva Normal Other _____
- Cornea Normal Other _____

- Lids Closed Yes No
- Superior Lid Normal Other _____
- Inferior Lid Normal Other _____
- Conjunctiva Normal Other _____
- Cornea Normal Other _____

ENUCLEATION

Enucleation Kit: (N/A for O.R. instruments)

Lot Number: _____

Processed Date: _____

**PLACE STEAM
STERILIZATION INDICATOR
HERE**

Eye Stream® (or other irrigating solution):

Lot Number: _____

Expiry: _____

Optimyxin Plus® (or other antibiotic solution):

Lot Number: _____

Expiry: _____

Completed by: _____

Date: _____