

I. Clinical Examination

Condition	<input checked="" type="checkbox"/> n. s. f.
Body condition	<input checked="" type="checkbox"/> n. s. f.
Hair and skin	<input checked="" type="checkbox"/> n. s. f..
Visible scars	<input checked="" type="checkbox"/> n. s. f..
Tumors of the skin	<input checked="" type="checkbox"/> no <input type="checkbox"/> yes
Body temperature	<input checked="" type="checkbox"/> n. s. f. 37,4 °C
Adspection of he head	<input checked="" type="checkbox"/> n. s. f.
Conjunctiva	<input checked="" type="checkbox"/> n. s. f.
Mandibular lymphnodes	<input checked="" type="checkbox"/> n. s. f.
Jugular veins	<input checked="" type="checkbox"/> n. s. f.
Nasal discharge	<input checked="" type="checkbox"/> n. s. f.
Spontaneous coughing	<input checked="" type="checkbox"/> no <input type="checkbox"/> yes

II. Examination at Rest**Nerval System**

Signs of neurological disease	<input checked="" type="checkbox"/> n. s. f.
Eyes	<input checked="" type="checkbox"/> n. s. f.
Anterior parts (eyelid, cinjunctiva, cornea, anterior chamber, iris and adnexa)	<input checked="" type="checkbox"/> n. s. f.
Posterior parts (lense, vitreous, fundus)	<input checked="" type="checkbox"/> n. s. f.
Dilatation of the pupils	<input checked="" type="checkbox"/> no <input type="checkbox"/> yes
Behaviour	<input checked="" type="checkbox"/> n. s. f.

Respiratory System

<input checked="" type="checkbox"/> n. s. f.	<input type="checkbox"/> prolonged inspiration	<input type="checkbox"/> enhanced expiration
Frequence 10 /min		
Cough reflex provocable	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
Auscultation Trachea	<input checked="" type="checkbox"/> n. s. f.	
Auscultation Lungs	<input checked="" type="checkbox"/> n. s. f.	

Heart, Puls

Heart auscultation	<input checked="" type="checkbox"/> n. s. f.
Puls quality	<input checked="" type="checkbox"/> n. s. f.
Puls frequency	36/min

Oral Cavity

Inspection with Tongue grip (limited evaluation possible)	<input type="checkbox"/> n. s. f.	Premolares Sharp edges (low grade)
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Sexual organs

Inspection external genitalia	<input checked="" type="checkbox"/> n. s. f.
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III. Medication controll

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Different handling:
Urine	Blood	Imidiate Examination	<input checked="" type="checkbox"/>	No examination
Dopingset-No.:				

IV. Examination of the musculoskeletal system

Adspection and palpation of neck, n. s. f.
back, croup and abdomen