

## Cardiovascular Examination Checklist

Candidate's name:

Examiner's name:

Date:

	Fully examined	Partly examined	Not examined
Intro (WIIPPPPE, hand shake)			
General Inspection			
Peripheral stigmata			
Cap refill, radial pulse, BP			
Carotid pulse, JVP			
Face, mouth			
Chest: inspection			
Chest: palpation			
Chest: auscultation			
Chest: manoeuvres			
Legs			
Closure			
To complete			

Aspects performed well by candidate:

Aspects for improvement:

Overall performance: