

Neurological Examination – Check Sheet

Divers name

Date

Initial complaint

Examiners name

	Time					
	Yes	No	Yes	No	Yes	No
Mental Status						
His name						
Where he is						
Time of day						
Most recent activity						
Speech is clear correct						
Sight						
Correctly counts fingers						
Vision clear						
Eye movements						
Move all four directions						
Nystagmus absent						
Facial movements						
Teeth clench OK						
Able to wrinkle forehead						
Tongue moves in all four directions						
Smile symmetrical						
Head / Shoulder movements						
Adams apple movement						
Shoulder shrug normal, equal						
Head movements normal, equal						
Hearing						
Normal for the diver						
Equal both ears						
Muscle power – present, normal and symmetrical						
Shoulders						
Elbows						
Wrist / hands						
Hips						
Knees						
Feet						
Sensation – present, normal and symmetrical						
Face						
Chest						
Abdomen						
Arms (front)						
Hands						
Legs (front)						
Feet						
Back						
Arms (back)						
Buttocks						
Legs (back)						
Balance and coordination						
Romberg – OK						
Heel–shin slide						
Finger nose movement						
Alternating hand movements						
Vital signs						
Pulse						
Respiration						
Blood pressure						