**INSTRUCTIONS:** Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to each procedure they completed themselves, add a note on the checklist documenting who completed the procedure, initial and date this entry, e.g., “done by {staff initials}” or “done by nurse.” If a procedure listed on the checklist is not performed, enter “ND” for “not done” or “NA” for “not applicable” beside the item and record the reason why (if not self-explanatory); initial and date this entry.Use a new Genital Exam Checklist for each study visit at which a genital exam is performed.

| **Procedure** | **Staff Initials or NA** |
| --- | --- |
|  | Prepare for exam: * Ready exam equipment, documentation, and specimen collection supplies; label as needed.
* Explain exam procedures to participant and answer any questions.
* Position and drape participant comfortably.
 |  |
|  | Palpate the inguinal lymph nodes to assess for enlargement and/or tenderness.  |  |
|  | ***For individuals with a natural phallus or neo-phallus:*** *Perform naked eye examination and evaluate for abnormalities of the entire penile surface (glans, urethral meatus, internal/external foreskin, shaft and scrotum) using hand-held magnifying glass.* *Document all findings on the* ***Genital Exam CRF****.*  |  |

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| **Comments:** |
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