

# Physical Assessment Form

Donor Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Date of Call: \_\_\_\_\_ Time of Call: \_\_\_\_\_

Caller: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Ph: \_\_\_\_\_ Representative Taking Call: \_\_\_\_\_

Location for Pick-up: \_\_\_\_\_

**Physical Assessment:** \_\_\_\_\_

Assessment Completed By (Print Name)

Title or Position

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI (see table): \_\_\_\_\_

- |  |       |
|--|-------|
| 1. Does the deceased have any infectious diseases such as HIV, Tuberculosis, Hepatitis, MRSA, VRE, Flesh-eating Disease, West Nile Virus, Creutzfeldt - Jakob disease?     | Y / N |
| 2. Was the death due to suicide, homicide, or trauma?  | Y / N |
| 3. Is the deceased constrained to a non-prone position?  | Y / N |
| 4. Does the deceased weigh more than 225 lbs. or BMI 30 or greater?  | Y / N |
| 5. Is the deceased taller than 6 feet?   | Y / N |
| 6. Are any of the major joints immobile/fixed?   | Y / N |
| 7. Has an autopsy been performed?  | Y / N |
| 8. Have any vital organs been removed for transplantation purposes?  | Y / N |
| 9. Does the deceased have any amputations?   | Y / N |
| 10. Does the deceased have a radiation therapy implant?  | Y / N |
| 11. Are there any open wounds or incisions?  | Y / N |
| 12. Are there any <i>severe</i> Bedsores (Stage 4 Decubitus Ulcer)?  | Y / N |
| 13. Are there any conditions not included above that would impede proper full embalming for student use? E.g., Hardened arteries (Sclerosis), advanced decomposition, etc. | Y / N |
| 14. There may be a transportation cost if outside of Fayette County. Does the NOK decline to pay the transport fees or make other arrangements for transport?              | Y / N |

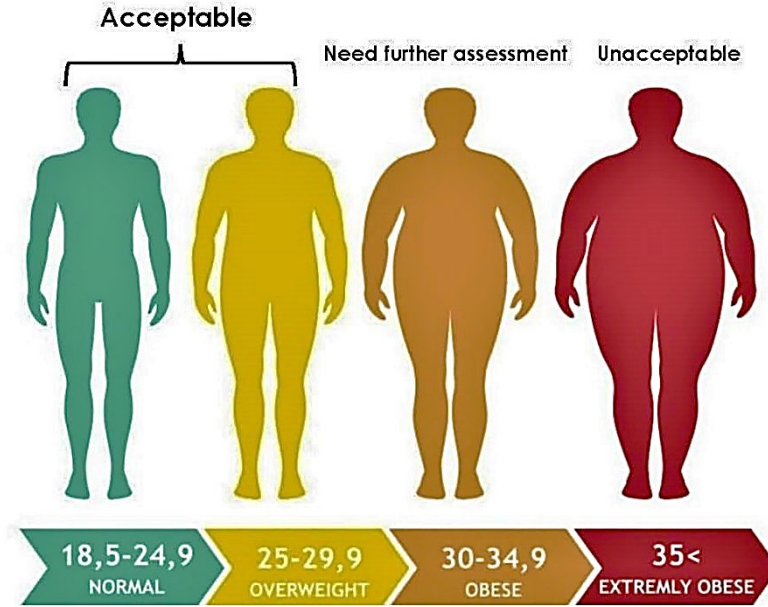
**If any circled "Yes", donor may be ineligible for the Willed Body Program.** We reserve the right to reject a donor and do not guarantee acceptance into the program at the time of death.

**If Donor IS NOT acceptable:** The Program, based on these answers, is unable to accept this donation. You may contact a local funeral home for other arrangements or contact Kentucky Mortuary Services (859) 278-8501 if direct cremation is preferred. Please contact UK's Willed Body Program at [WilledBody@uky.edu](mailto:WilledBody@uky.edu) or (859) 323-5160, if you have any further questions.

**If Donor IS acceptable: Please contact Kentucky Mortuary Services at (859) 278-8501 to arrange transportation.**

Date/Time of Pick-up: \_\_\_\_\_ Name of KMS Transporter: \_\_\_\_\_

# Body Mass Index



## Body Mass Index (BMI) Chart for Adults

Obese (>30)      Overweight (25-30)      Normal (18.5-25)      Underweight (<18.5)

WEIGHT lbs (kg)	HEIGHT in feet/inches and centimeters																					
	4'8" 142cm	4'9" 147	4'10" 150	4'11" 152	5'0" 155	5'1" 157	5'2" 160	5'3" 163	5'4" 165	5'5" 168	5'6" 170	5'7" 173	5'8" 175	5'9" 178	5'10" 180	5'11" 183	6'0" 185	6'1" 188	6'2" 191	6'3" 193	6'4" 196	
260 (117.9)	58	56	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	32	31
255 (115.7)	57	55	53	51	50	48	47	45	44	42	41	40	39	38	37	36	35	34	33	32	31	30
250 (113.4)	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	30
245 (111.1)	55	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31	30	29
240 (108.9)	54	52	50	48	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30	29	28
235 (106.6)	53	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29	28
230 (104.3)	52	50	48	46	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29	28	27
225 (102.1)	50	49	47	45	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27	27
220 (99.8)	49	48	46	44	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27	26
215 (97.5)	48	47	45	43	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26	25
210 (95.3)	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26	25
205 (93.0)	46	44	43	41	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25	24
200 (90.7)	45	43	42	40	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25	24	24
195 (88.5)	44	42	41	39	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24	23
190 (86.2)	43	41	40	38	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23	23
185 (83.9)	41	40	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22
180 (81.6)	40	39	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21
175 (79.4)	39	38	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
170 (77.1)	38	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20
165 (74.8)	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	20
160 (72.6)	36	35	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19	19
155 (70.3)	35	34	32	31	30	29	28	27	27	26	25	24	23	22	22	22	21	20	20	19	19	18
150 (68.0)	34	32	31	30	29	28	27	27	26	25	24	23	23	22	22	22	21	20	20	19	19	18
145 (65.8)	33	31	30	29	28	27	27	26	25	24	23	23	22	22	21	21	20	20	19	19	18	17
140 (63.5)	31	30	29	28	27	26	26	25	24	23	23	22	21	21	20	20	19	18	18	17	17	17
135 (61.2)	30	29	28	27	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16	16
130 (59.0)	29	28	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16	15
125 (56.7)	28	27	26	25	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16	15	15
120 (54.4)	27	26	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14
115 (52.2)	26	25	24	23	22	22	21	20	20	19	19	18	17	17	16	16	16	15	15	14	14	14
110 (49.9)	25	24	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	14	13
105 (47.6)	24	23	22	21	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13	13	12
100 (45.4)	22	22	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12	12
95 (43.1)	21	21	20	19	19	18	17	17	16	16	15	15	14	14	14	13	13	13	12	12	12	11
90 (40.8)	20	19	19	18	18	17	16	16	15	15	15	14	14	13	13	13	12	12	12	11	11	11
85 (38.6)	19	18	18	17	17	16	16	15	15	14	14	13	13	13	12	12	12	11	11	11	10	10
80 (36.3)	18	17	17	16	16	15	15	14	14	13	13	13	12	12	11	11	11	10	10	10	10	9

Note: BMI values rounded to the nearest whole number. BMI categories based on CDC (Centers for Disease Control and Prevention) criteria. [www.vertex42.com](http://www.vertex42.com) BMI = Weight[kg] / ( Height[m] x Height[m] ) = 703 x Weight[lb] / ( Height[in] x Height[in] ) © 2009 Vertex42 LLC