

# POLYGRAPH EXAMINATION WORKSHEET

Date of Report	Examination Date	Examiner
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Case ID #	Location of Examination
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Examination Requested By \_\_\_\_\_

Examinee Name (Last, First, Middle) \_\_\_\_\_

Date of Birth	Place of Birth
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HT	WT	Sex	Age	SSN	Marital Status
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Current Address	Phone Number
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Previous Examination	Retest <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education (Total Years \_\_\_\_\_) (Degree Obtained) \_\_\_\_\_

Employment/Military \_\_\_\_\_

Health/Medications \_\_\_\_\_

Arms/Conversions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Control <input type="checkbox"/>	PSP <input type="checkbox"/>	Date _____	Time In _____	Time Out _____
FCUTER <input type="checkbox"/>	WITSEC <input type="checkbox"/>	Date _____	Time In _____	Time Out _____
Applicant <input type="checkbox"/>	Outside Agency <input type="checkbox"/>	Date _____	Time In _____	Time Out _____
OPR <input type="checkbox"/>		Date _____	Time In _____	Time Out _____

\_\_\_\_\_

	FBI MQQT	POT	Other	Total
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Number of Sines	_____	_____	_____	_____
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Number of Charts	_____	_____	_____	_____
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Instrument Type _____	Serial Number _____
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**Examination Results**

Sense I \_\_\_\_\_ Sense II \_\_\_\_\_ Sense III \_\_\_\_\_ Sense IV \_\_\_\_\_ Sense V \_\_\_\_\_

Additional Information Obtained?  Yes  No

Pre-Test Admission <input type="checkbox"/>	Pre-Test Confession <input type="checkbox"/>
Post-Test Admission <input type="checkbox"/>	Post-Test Confession <input type="checkbox"/>

Comments \_\_\_\_\_

\_\_\_\_\_

Q#	Questions	Ans.