

**Polygraph Review Critique**

**F-203a**

Intern Name: \_\_\_\_\_ Name of Examinee: \_\_\_\_\_

Examination/Chart #: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

*It is the intern's responsibility to send this completed form to DPSST within 30 days of the exam series being conducted.*

		Excellent	Very Good	Good	Fair	Poor
PNEUMO-	Amplitude					
	Adjustments					
	Clarity					
G.S.R.-	Centering					
	Sensitivity					
	Clarity					
CARDIO-	Amplitude					
	Adjustments					
	Clarity					
QUESTIONS-	Spacing					
	Construction					
	Relevant					
	Irrelevant					
	Control					
	Symptomatic					
CHART MARKING-						
CHART INTERPRETATION- Pneumo						
G.S.R.						
Cardio						
REPORTING RESULTS-						

**REVIEWER, PLEASE COMPLETE OTHER SIDE OF THIS FORM.**

**TO BE COMPLETED BY THE REVIEWER:**

**Reviewer:** \_\_\_\_\_

Date Received from Intern : \_\_\_\_\_

Was this review in-person between the intern and the reviewer?

If not, please indicate reason.  Yes  No

Reason: \_\_\_\_\_  
\_\_\_\_\_

Specific Issue Exam:  Yes  No  
(If Yes, Indicate Type)

Type: \_\_\_\_\_

Intern's Scoring Results:  Pass  Fail  Inconclusive

Reviewer's Scoring Results:  Pass  Fail  Inconclusive

**COMMENTS:**

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date Reviewed

\_\_\_\_\_  
Signature of Intern after Review

\_\_\_\_\_  
Date

**After form is signed, make copies for the reviewer and intern. Send original to DPSST.**