

PHYSICAL EXAMINATION

General Appearance_____		Height_____	Weight_____									
Nutrition_____		Skin_____										
Skeletal Development_____		Scoliosis_____										
Lymph Nodes_____												
HEAD	Scalp_____	Vision <i>* For kindergarten students, please use the attached form.</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">R</td> <td style="width: 25%; text-align: center;">L</td> </tr> <tr> <td>1. Without correction</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2. With correction</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>			R	L	1. Without correction	_____	_____	2. With correction	_____	_____
	R			L								
1. Without correction	_____			_____								
2. With correction	_____			_____								
	Eyes_____											
	Ears_____Hearing_____											
	Nose_____											
	Throat/Tonsils_____											
NECK	Thyroid_____											
CHEST	Heart_____	Size_____	Rate_____ Rhythm_____ BP_____									
ABDOMEN	Viscera_____	Liver_____	cm_____									
	Her_____	Genitals_____										
EXTREMITIES	Upper_____	Lower_____										
NEUROLOGICAL	_____											
LAB TESTS	Urinalysis_____	Hematocrit_____										
	Other_____											
RECOMMENDATIONS	Physical Activity (circle one): Unrestricted Moderate Minimum Remarks and Suggestions:											
_____		_____										
<i>Printed Name/Clinic</i>		<i>Signature of M.D./P.A./A.P.R.N.</i>										
		<i>Date of Exam</i>										