

PHYSICAL EXAMINATION

General Appearance			Height		Weight	
Nutrition			Skin			
Skeletal Development			Scoliosis			
Lymph Nodes						
HEAD			Vision			
Scalp			<i>* For kindergarten students, please use the attached form.</i> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> R L </div>			
Eyes						
Ears						
Nose						
Throat/Tonsils						
Thyroid						
Heart			Size	Rate	Rhythm	BP
Viscera			Liver			
Her			Genitals	cm		
Upper			Lower			
NEUROLOGICAL						
LAB TESTS						
Urinalysis			Hematocrit			
Other						
RECOMMENDATIONS						
Physical Activity (circle one):			Unrestricted	Moderate	Minimum	
Remarks and Suggestions:						
Printed Name/Clinic			Signature of M.D./P.A./A.P.R.N.			
			Date of Exam			