

PHYSICAL ASSESSMENT

To be completed by Physician, Nurse or School Health Professional

STUDENT NAME: _____

| REQUIRED | | | |
|--|----|------|----------|
| | NL | ABNL | COMMENTS |
| BP: | | | |
| WT: HT: | | | |
| SKIN: Color, Rash, Swelling, Hair, Nails | | | |
| EYES: Conjunctiva, Cornea, Pupils, Extracular Movement | | | |
| EARS: Pinnae Canals, Tympanic Membrane Appearance, Mobility | | | |
| NOSE: Nares, Turbinates | | | |
| MOUTH: Tongue, Teeth, Oral Mucosa, Tonsils, Pharynx | | | |
| NECK: Thyroid, Range of Motion | | | |
| NODES: Cervical, Axillary, Inguinal, Other | | | |
| HEART: Rate, Rhythm, S1, S2 Murmur, Femoral Pulses | | | |
| LUNGS: Rate, Auscultation, Percussion | | | |
| ABDOMEN: Contour, Palpation of Liver, Spleen, Kidney, Mass, Tenderness | | | |
| GENITO-URINARY: Female External, Male Penis, Testes, Hernia | | | |
| MUSCULOSKELETAL: Range of Motion, Tenderness, Edema, Clubbing, Spine (Curvature) | | | |
| NEUROLOGICAL: Gait, Cerebellar Function, Motor System (Tone, Strength), Cranial Nerves (Gross) | | | |
| DEVELOPMENTAL | | | |
| Gross Motor | | | |
| Fine Motor | | | |
| Social | | | |
| Speech/Language | | | |

I have performed a physical assessment on this child on the date indicated and have arranged for any follow-up that was or is needed.

Signature

Phone

Date

COMPLETE REVERSE SIDE

| SUPPLEMENTAL | | | |
|--------------|------|----|----------|
| | DATE | NL | COMMENTS |
| Hemoglobin | | | |
| Hematocrit | | | |
| Urinalysis | | | |
| Other | | | |
| | | | |

| |
|--|
| Medications _____ |
| |
| Diet Restrictions _____ |
| |
| Special Equipment _____ |
| |
| Allergies _____ |
| |
| General Comments / Recommendations _____ |
| |
| |
| |

SUPPLEMENTAL

| | DATE | NL | COMMENTS |
|------------|------|----|----------|
| Hemoglobin | | | |
| Hematocrit | | | |
| Urinalysis | | | |
| Other | | | |
| | | | |

| |
|--|
| Medications _____ |
| |
| Diet Restrictions _____ |
| |
| Special Equipment _____ |
| |
| Allergies _____ |
| |
| General Comments / Recommendations _____ |
| |
| |
| |