

PHYSICAL EXAM FORM

Information to be filled out by physician/health care provider:

Name: _____

Age: years _____ months _____

Hemoglobin/Hematocrit:	Lead:	Height: Inches	Weight: Lbs.	Blood Pressure:
Urinalysis Results (if indicated):	Vision: L R	Developmental Screening:		Hearing:
Does the examination reveal any abnormality?	Normal	Abnormal	Not examined	Describe fully any abnormal findings
General Appearance, Posture, Gait				
Speech / Language Development				
Behavior during examination				
Skin				
Eyes: Extraocular Movements				
Ears: Canal, Tympanic Membrane				
Nose, Mouth, Pharynx, Tonsils				
Teeth				
Heart				
Lungs				
Abdomen (include hernias)				
Genitalia				
Extremities, Feet				
Neurological				
Other:				

Disability (diagnosed)	Treatment
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Summary of findings and recommendations: _____

Signature of Physician or Health Care Provider
 Health Agency Where Examination Completed _____

Date _____