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: Extracoular Movements				
Ears: Canal, Tympanic Membrane				
Nose, Mouth, Pharynx, Tonsils				
Teeth				
Heart				
Lungs				
Abdomen (include hernias)				
Genitalia				
Extremities, Feet				
Neurological				
Other:				

Disability (diagnosed)	Treatment

Summary of findings and recommendations: _____

_____

_____

_____ _____

Signature of Physician or Health Care Provider Date

Health Agency Where Examination Completed _____