

Elementary Physical Exam Form

(Formulario de Examen Físico Primaria)

Information to be filled out by physician/healthcare provider:

Name of Child: _____ Age: _____ DOB: _____

Hemoglobin/Hematocrit (if needed)	Height	Weight		Blood pressure: Temp: Pulse: Resp:
Urinalysis results (if needed)	Vision R L	Developmental Screening		Hearing
Does the Examination Reveal any Abnormality?	Normal	Abnormal	Not Examined	Describe fully any abnormal findings:
General appearance, Posture, Gait				
Speech Language				
Behavior during Exam				
Skin				
Eyes				
Ears				
Nose, sinuses,				
Throat				
Teeth, mouth				
Heart				
Lungs				
Abdomen (include Hernias)				
Genitalia				
Extremities, feet				
Neurological				

DATE GIVEN:

SOURCE:

****LEAD LEVEL SCREENING****

1. _____

****Required by State ****

Pertinent findings or diagnosis:

Treatment:

Summary of findings and recommendations to school

Please have physician attach copy of "Certificate of Immunization from state Iris Program"

Signature of Physician of Healthcare Provider

Date