



PHYSICAL EXAMINATION

STUDENT NAME: _____ DATE OF EXAM: _____
DOB: _____ HT: _____ WT: _____ BMI: _____ PULSE: _____ BP: _____ ALLERGIES: _____
IMMUNIZATIONS: _____ PAST MED HX: _____
CURRENT MEDS: _____
ROS: _____

NORMAL FINDING

COMMENT ON ABNORMALITIES

- [] General Appearance, NAD, well groomed
[] Nutritional Status, Well nourished & hydrated. No s/s of anorexia/bulimia. Appropriate ht./wt. Ratio
[] Head: normocephalic, atraumatic
[] Eyes: PERRL, no fundoscopic defects, no infection/drainage
[] Ears: TM's intact, no infection/drainage
[] Nose: no congestion
[] Throat: no tonsilar enlargement, no erythema or exudates
[] Teeth: Fair, good repair. No mucosal lesions.
[] Heart: RRR, S1+S2, no murmur, clicks, gallops, no extra sounds
[] Lymph Nodes
[] Cervical [] Axillary [] Groin (No adenopathy)
[] Lungs CTA bilaterally A+P
[] Abdomen Soft, non-tender + BSx4, no HSM no CVA tenderness
[] Genital Tanner stage: I II III IV V
[] Skin Clear, no acne, lesions, echymosis or rashes
[] Nervous System Alert/oriented + 2DTR's, balance & gait steady, no deficits noted
[] Spine No curvature or deformity. Posture good.
[] Extremities FROM No edema or atrophy. No joint swelling + 2 peripheral pulses
[] Mental Status No apparent psychiatric issues at this time

Assessment & Plan: _____

Child has the following activity limitations: _____

Child needs F/U with PMD or HCP: _____

Parent contacted (circle one): YES NO

Provider Signature: _____ Date: _____

Address: _____

SCHOOL HEALTH OFFICE: PHONE: 716-834-7200 ext. 129 FAX: 716-332-6922