			DERGARTEN PHYS						
REQUIRED						SUPPLEMENTAL (optional)			
	NL	ABNL	Comments				Date	NL	Comments
B/P:						Hemoglobin			
WT:HT:						Hematocrit			
						Urinalysis			
SKIN: Color, Rash, Swelling, Hair, Nails						Other			
EYES: Conjunctiva, Cornea, Pupils, Extraocular Movement. EARS: Pinnae, Canals, Tympanic									
Membrane, Appearance, Mobility						Medications			
Nost. Nares, Turbinates MOUTH: Tongue, Teeth, Oral Mucosa, Tonsils, Pharynx NECK: Thyroid, Range of Motion									
NODES: Cervical, Axilary, Inguinal, Other HEART: Rate, Rhythm, S1, S2,						Diet Restrictions			
Murmur, Femoral Pulses LUNGS: Rate, Auscultation, Percussion									
ABDOMEN: Contour, Palpation of liver Spleen, Kidneys, Mass: Tenderness									
GENITO-URINARY: Female external, Male Penis, Meatus, Testes, Hernia						Special Equipme	ent		
MUSCULOSKELETAL: Range of Motion, Tenderness, Edema, Clubbing Spine (Curvature).									
NEUROLOGICAL: Gait, Cerebullar Function, Motor System (Strength, Tone): Cranial Nerves (Gross) DEVELOPMENTAL						Allergies			
Gross Motor Fine Motor									
Social Speech/Language						General comme	ata/Daar		dationa
						General commen	IIS/Rect	Jiiiiieii	
	ļ								
I have performed a physical asses			on the date indicated,	and have arranged	d for	any follow-up t	hat wa	s or is	needed.
SignaturePhoneDate SignedDate of Exam Physician, Nurse or School Health Professional									