



**PHYSICAL EXAMINATION:** To be completed by a health care provider approved to perform health assessments.

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hgb \_\_\_\_\_

Pulse \_\_\_\_\_

B/P \_\_\_\_\_

Lead \_\_\_\_\_

UA \_\_\_\_\_

Code each item as follows:

Code

Description of findings

0 = No significant findings 1 = Significant findings	Code	Description of findings
<b>General Appearance</b> <b>Integument</b> <b>Head / Neck</b> <b>EENT</b> <b>Oral - Dental</b> <b>Thorax</b> <b>Breasts</b> <b>Cardiovascular</b> <b>Abdomen</b> <b>Musculoskeletal</b> <b>Genitourinary</b> <b>Neurological</b>		

**SCREENING**

1. Nutritional Status
2. Development
3. Speech
4. Hearing
5. Vision

**Significant Assessment Findings:**

**Recommendations:**

**Follow Up:**

\_\_\_\_\_  
Signature of Licensed Physician or Nurse approved to perform Health Assessments

\_\_\_\_\_  
Date