

PHYSICAL EXAMINATIONS

EXAMINATION I. GIVE SIGNIFICANT DETAILS OF CHILD'S MEDICAL HISTORY INCLUDING SERIOUS ILLNESS, CHILDHOOD DISEASES, OPERATIONS, ACCIDENTS, DISABILITIES (CONGENITAL OR ACQUIRED), SCHOOL ADJUSTMENT, GROUP PLAY, PHYSICAL, SOCIAL, OR EMOTIONAL DEVELOPMENT.

DATE _____	PULSE	BLOOD PRESSURE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	LUNGS	ABDOMEN	GENITO-URINARY	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER
NORMAL																		
ABNORMAL																		

DID PARENTS ATTEND? YES NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

SIGNATURE OF EXAMINER _____

EXAMINATION II. INTERVAL HISTORY: PROVIDE MEDICAL HISTORY UPDATE; NOTE SIGNIFICANT CHANGES RE: PHYSICAL, SOCIAL OR EMOTIONAL DEVELOPMENT.

DATE _____	PULSE	BLOOD PRESSURE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	LUNGS	ABDOMEN	GENITO-URINARY	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER
NORMAL																		
ABNORMAL																		

DID PARENTS ATTEND? YES NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

SIGNATURE OF EXAMINER _____

EXAMINATION III. INTERVAL HISTORY: PROVIDE MEDICAL HISTORY UPDATE; NOTE SIGNIFICANT CHANGES RE: PHYSICAL, SOCIAL OR EMOTIONAL DEVELOPMENT

DATE _____	PULSE	BLOOD PRESSURE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	LUNGS	ABDOMEN	GENITO-URINARY	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER
NORMAL																		
ABNORMAL																		

DID PARENTS ATTEND? YES NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS:

SIGNATURE OF EXAMINER _____

VISION SCREENING

DATE OF EXAM	GRADE	NEAR VISUAL ACUITY		FAR VISUAL ACUITY		WITH PLUS LENS	COLOR VISION	DEPTH PERCEPTION	OTHER DISORDER	REPORT OF EYE EXAMINER	CORRECTED VISION	
		RIGHT	LEFT	RIGHT	LEFT	PASS(P) OR FAIL (F)	PASS (P) OR FAIL (F)	PASS (P) OR FAIL (F)			RIGHT	LEFT
	K											
	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	10											
	11											
	12											

HEARING SCREENING

PASS - INDICATE SCREENING LEVEL IN DB FOR EACH FREQUENCY FAIL - INDICATE THRESHOLD LEVEL IN DB FOR EACH FREQUENCY																
DATE OF EXAM	GRADE	RIGHT EAR						LEFT EAR						PASS (P) OR FAIL (F)	REPORT OF EXAMINER	
		250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000			
	K															
	1															
	2															
	3															
	4															
	5															
	6															
	7															
	8															
	9															
	10															
	11															
	12															

ANNUAL HEIGHT AND WEIGHT

IF DATA IS RECORDED ON THE PA DEPARTMENT OF HEALTH GROWTH CHARTS OR IN A COMPUTER PROGRAM, IT IS NOT NECESSARY TO RECORD HERE.													
GRADE	K	1	2	3	4	5	6	7	8	9	10	11	12
DATE													
HEIGHT													
WEIGHT													
BMI													
BMI PERCENTILE													

SCOLIOSIS SCREENING

6 th GRADE	DATE _____	PASS _____ FAIL _____	DATE RESCREENED _____	PASS _____ FAIL _____	DATE REPORT REC'D FROM EXAMINER _____	OUTCOME _____
7 th GRADE	DATE _____	PASS _____ FAIL _____	DATE RESCREENED _____	PASS _____ FAIL _____	DATE REPORT REC'D FROM EXAMINER _____	OUTCOME _____