

PHYSICAL EXAMINATION

Name:		
Blood Pressure:	R	L
		Repeat: R L
Pulse:		Temperature
Weight:		Height:
	Normal (check)	Abnormal (describe)
Head, neck		
Eyes		
Nose		
Mouth, throat		
Nodes		
Thyroid		
Ears		
Chest, lungs		
Breasts		
Heart		
Abdomen		
Rectal		
Hernia		
External genitalia		
Testicles		
Pelvic		
Arms, shoulders		
Legs		
Feet		
Pulses		
Reflexes		
Skin		
Development		
Musculoskeletal		

Impression: _____

Plan: _____

Participation: Unrestricted

Restricted

May not participate

Describe: _____

Date: _____ Physician Signature: _____