		Kind	lergarten l	Physical Ex	amination F	orm			
General Appearance					Height	Height			
Nutrition					Weight				
Skeletal Development					Skin	Skin			
Lymph Nodes					Scoliosis				
Head	Scalp				Vision	*For kindergarten students, please use the attached form.			
	Eyes								
	Ears				_	Without correction	R	L	
	Nose					With correction	R	L	
	Throat/ Tonsils								
Neck	Thyroid								
Chest	Heart		Size		Rate		Rhythm	ВР	
Abdomen	Viscera			Liver	Liver			cm	
	Her				Genitals				
Extremities	Upper				Lower				
Neurological					10				
Lab Tests	Urinalysis				Hematocrit				
	Other								
Recommendations Physical Activity (circle one)				Unrestricted Moderate Minimum					
Remarks and	Suggestions:								