

Comprehensive Physical Examination Report

Student's Name: _____

Date of Assessment: _____

HEALTH ASSESMENT

Weight:: _____

Height: _____

PHYSICAL EXAMINATION:

1=Within Normal

2=Abnormal Finding

3=Refer for evaluation or treatment

	1	2	3		1	2	3		1	2	3
HEENT				Neuro				Skin			
Lungs				Gastro				Genital			
Heart				Extremities				Urinary			

DEVELOPMENTAL SCREEN

Evaluate for	Within Normal	Concern Identified	Refer to evaluation
Language Skills			
Emotional/Social			
Motor Skills			
Problem Solving			

HEARING SCREEN

	Within Normal	Concern Identified	Refer to evaluation
Right			
Left			

VISION SCREEN

Test used: Logarithmic Visual Acuity Chart

W/O Corrective Lenses Right: ___ Left: ___ Passed: ___ Refer: ___

With Corrective Lenses: Right: ___ Left: ___ Passed: ___ Refer: ___

SUMMARY OF FINDINGS/RECOMMENDATIONS:

___ Well Child; No pertinent examination findings noted or identified at the time of examination

___ Condition/s identified is/are important to schooling or physical activity:

___ Individual health care plan needed (ex. asthma, seizure disorder, allergies)

___ Other Comments: _____

Date: _____

Name and signature of attending physician

Telephone/cellphone number : _____