

**Kindergarten Physical Exam  
JASPER SCHOOL DISTRICT  
JASPER, ARKANSAS**

Child's Name: \_\_\_\_\_

BP: \_\_\_\_/\_\_\_\_

WT: \_\_\_\_\_

HT: \_\_\_\_' \_\_\_\_"

School: \_\_\_\_\_

	NL	ABNL	COMMENTS:
SKIN: color, rash, swelling, hair nails			
EYES: conjunctive, cornea, pupils, extracular movement			
EARS: pirnae, canals, tyromanic membrane appearances			
NOSE: nares, turbinates			
MOUTH: tongue, teeth, oral mucossa, tonsils, pharynx			
NECK: thyroid, range of motion			
NODES: cervical, axillary, inqinal, other			
HEART: rate, rhythm, S1, S2, murmur, femoral pulses			
CHEST: resp. rate, retractions, auscultation			
ABDOMEN: contour, palpation of liver, spleen, kidney, mass, hernia			
GENITA-URINARY: female external; male penis, meatus, testes, hernia			
MUSCULOSKELETAL: range of motion, tenderness, edema, clubbing, spine (curvature)			
DEVELOPMENTAL			
GROSS MOTOR			
FINE MOTOR			
SOCIAL			
SPEECH/LANGUAGE			

	DATE	NL	ABNL RESULTS
HEMOGLOBIN			
HEMATOCRIT			
URINALYSIS			
OTHER:			

MEDICATIONS: \_\_\_\_\_

DIET RESTRICTIONS: \_\_\_\_\_

SPECIAL EQUIPMENT: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

GENERAL COMMENTS OR RECOMMENDATIONS:

\_\_\_\_\_  
\_\_\_\_\_

I have performed a physical assessment on this child on the date indicated, and have arranged for any follow-up that was or is needed.

\_\_\_\_\_  
Signature of Health Provider

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date of Exam

**Please return to school office as soon as this form is completed.**