

## PLACEMENT INTAKE PHYSICAL EXAMINATION

(T) = Normal

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Head circumference of infant: \_\_\_\_\_

Chest circumference of infant: \_\_\_\_\_

Temperature: \_\_\_\_\_

Skin: \_\_\_\_\_ Scalp: \_\_\_\_\_

Eyes -

Pupillary: \_\_\_\_\_

Vision without glasses      Right: \_\_\_\_\_ Left: \_\_\_\_\_

Vision with glasses      Right: \_\_\_\_\_ Left: \_\_\_\_\_

Eyegrounds: \_\_\_\_\_

Other: \_\_\_\_\_

Ears -

Octoscopic: \_\_\_\_\_

Hearing      Right: \_\_\_\_\_ Left: \_\_\_\_\_

Other: \_\_\_\_\_

Nose: \_\_\_\_\_

Teeth -

Number: \_\_\_\_\_

Condition: \_\_\_\_\_

Occlusion: \_\_\_\_\_

Other: \_\_\_\_\_

Throat -

Pharynx: \_\_\_\_\_

Tonsils: \_\_\_\_\_

Adenoids: \_\_\_\_\_

Glands: \_\_\_\_\_

Thyroid: \_\_\_\_\_ Chest: \_\_\_\_\_ Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Secondary Sex Characteristics: \_\_\_\_\_

Genitals: \_\_\_\_\_

Deep Reflexes: \_\_\_\_\_ Superficial Reflexes: \_\_\_\_\_

Extremities: \_\_\_\_\_

Feet: \_\_\_\_\_ Spine: \_\_\_\_\_ Posture: \_\_\_\_\_

Nutrition: \_\_\_\_\_

Menstrual History of Adolescent Girl: \_\_\_\_\_

Signs of Endocrine Imbalance: \_\_\_\_\_

Signs of Vasomotor Instability: \_\_\_\_\_

Urinalysis -

Color: \_\_\_\_\_

Reaction: \_\_\_\_\_

Sugar: \_\_\_\_\_

Albumin: \_\_\_\_\_

Micros: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Blood Hemoglobin, etc.: \_\_\_\_\_

Immunizations (Given During Exam) : \_\_\_\_\_

Impressions and Advice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Physician/Clinic:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
Examining Physician Signature

\_\_\_\_\_  
Date of Examination