DULUTH PRESCHOOL PHYSICAL EXAM FORM

215 N 1st Ave East, Room 300
Duluth, MN 55802
PHONE: 218-336-8815/ FAX 218-336-8819

Child's Name:	Birth date:

HEMOGLOBIN	BLOOD PRESSURE	BLOOD LEAD LEVEL
PHYSICIAN PLEASE NOTE: Federal Preschool Guidelines REQUIRE hemoglobin, blood pressure and lead tests.		
Height : ________ (without shoes) Weight: ________ (without shoes) Body Mass Index: ________	Eye Muscle Balance: ________ Visual Acuity R: ________ Visual Acuity L: ________	Hearing R: ________ Hearing L: ________ Audiometer Used: ❑ yes ❑ no

PHYSICAL EXAM	ABNORMALITIES NO	ABNORMALITIES YES	DESCRIPTION
General Appearance			
EENT			
Neck			
Heart			
Lungs			
Abdomen			
Spine			
Extremities			
Genitalia			
Skin			
Development			
Neurological			
Gait/Posture			
Weight for Height			
Oral Health			
Developmental Screening Tool:			Result:

Important Health Problems
Allergies:
Medications:
Nutritional Concerns:
Mental Health:
Social/Emotional Health:
Disabilities:
Were IMMUNIZATIONS given today? ❑ No ❑ Yes, please Specify:
Recommendations/Comments: Referral to: ________________________ Appointment Date: ____________

Physicians Name:	Exam Date:
Physician's Signature:	Date: