KINDERGARTEN PHYSICAL ASSESSMENT To be Completed by Physician, APN, or other Health Professional

REQUIRED					SUPPLEMENTAL (optional)			
	NL	ABNL	Comments	gry to	CHARLE ALWAY	Date	NL	Comments
		7 LOTTE		FERR	Hemoglobin			
B/P:				aye no slig ni	Hematocrit			
WT:HT:				123	Urinalysis			
SKIN: Color, Rash, Swelling, Hair,		d	nige countries.		Other	6	ende	e Mor F
YES: Conjunctiva, Cornea, Pupils, Extraocular Movement.		Partner 1						
ARS: Pinnae, Canals, Tympanic Membrane, Appearance, Mobility	To Labor				Medications_			
IOSE:		2000			iviedications			
MOUTH: Tongue, Teeth, Oral Mucosa, onsils, Pharynx								
NECK: Thyroid, Range of Motion								
NODES: Cervical, Axilary, Inguinal, Other HEART: Rate, Rhythm, S1, S2,					Diet Restriction	ns		
Murmur, Femoral Pulses UNGS: Rate, Auscultation,								
Percussion ABDOMEN: Contour, Palpation of liver	1000000	170	ale was helder a had	State of State	10012			
Spleen, Kidneys, Mass: Tenderness GENITO-URINARY: Female external,	MOT WITH	1 10 710			Special Equipm	nent		
Male Penis, Meatus, Testes, Hernia MUSCULOSKELETAL: Range of Motion, Tenderness, Edema, Clubbing								
Spine (Curvature). NEUROLOGICAL: Gait, Cerebullar Function, Motor System (Strength,								
Tone): Cranial Nerves (Gross) DEVELOPMENTAL					Allergies			
Gross Motor	SWEET.				-			
Fine Motor								
Social Speech/Language					General comm	ents/Rec	ommen	dations
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2 - 6421	1000							
ANT MESTER PARENT								
I have performed a physical asses	omant s	this shild s	n the date indicated and	ave arranged	for any follow-up	that wa	s or is	needed.
I have performed a physical asses	sment or				Tot diff follow up			