

LALC Physical Exam Form

To be filled out by physician/health care provider:

Name: _____ Age: _____

Weight:	Height:	Blood Pressure:	Urinalysis:	Most recent Lead:
Hemoglobin:	Vision Screen:	Hearing Screen:	Developmental Screening:	Date of last physical:

Does the examination reveal any abnormality?	Normal	Abnormal	Not examined	Describe any abnormal findings
General Appearance, Posture & gait				
Speech/language development				
Behavior during exam				
Skin				
Eyes: Extraocular Movements				
Ears: Canal, Tympanic membrane				
Nose, Mouth, Pharynx & tonsils				
Teeth				
Heart				
Lungs				
Abdomen (includes hernias)				
Genitalia				
Extremities & feet				
Neurological				
Other:				
Disability (diagnosed)			Treatment:	

Summary of findings and recommendations: _____

Signature of Physician or Health Care Provider

Date