PHYSICAL EXAMINATION

(1) GENERAL APPEARANCE ☐ Normal ☐ Abnormal	(2) INTEGU-MENTARY ☐ Normal ☐ Abnormal ☐ Not examined	(3) MUSCULO-SKELETAL ☐ Normal ☐ Abnormal ☐ Not examined	(4) CIRCU-LATORY ☐ Normal ☐ Abnormal ☐ Not examined
(5) RESPIRA-TORY ☐ Normal ☐ Abnormal ☐ Not examined	(6) DIGESTIVE ☐ Normal ☐ Abnormal ☐ Not examined	(7) GENITO-URINARY ☐ Normal ☐ Abnormal ☐ Not examined	(8) EYES ☐ Normal ☐ Abnormal ☐ Not examined
(9) EARS ☐ Normal ☐ Abnormal ☐ Not examined	(10) NEURAL SYSTEMS ☐ Normal ☐ Abnormal ☐ Not examined	(11) LYMPH NODES ☐ Normal ☐ Abnormal ☐ Not examined	(12) MUCOUS MEMBRANES ☐ Normal ☐ Abnormal ☐ Not examined

DESCRIBE ABNORMAL (Use numbers above) T_____ P_____ R_____ Wt._____

☐ SCALE ☐ EST