

Pediatric Physical Examination Form

Patient Information

Full Name

Date of Birth

Sex

Parent/Guardian Name

Contact Number

Vital Signs

Height (cm)

Weight (kg)

Temperature (°C)

Heart Rate (bpm)

Respiratory Rate

Blood Pressure

General Appearance

Skin

Head, Eyes, Ears, Nose, Throat (HEENT)

Neck

Chest / Lungs

Cardiac

Abdomen

Genitalia

Extremities

Neurologic

Assessment / Plan

Examiner Name

Date of Exam