

REPORT OF PHYSICAL OBSERVATIONS
See reverse side for directions on completing this form.

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|-----------------------|-------------------------|
| NAME: | SCHOOL: |
| DATE OF BIRTH: | SCHOOL DISTRICT: |

LEGEND: Part I (1-9) and Part V (5-14)

N

Normal

A

Abnormal

| | | | | | | |
|---|---------------------|------------|-----------------------|------------------|---------------------------|--|
| I. Review Of Systems | 1. HEENT | | 4. Genitourinary | | 7. Endocrine | |
| | 2. Cardiovascular | | 5. Musculoskeletal | | 8. Social & Developmental | |
| | 3. Gastrointestinal | | 6. Neuromuscular | | 9. Allergies | |
| II. Past Health History | | | | | | |
| III. Family Health History | | | | | | |
| IV. Comments On Deviation From Normal | | | | | | |
| V. Physical Assessment | 1. Height | 2. Weight | 3. Head Circumference | | 4. Blood Pressure | |
| | 5. HEENT | | | 10. Genitalia | | |
| | 6. Mouth | | | 11. Extremities | | |
| | 7. Chest | | | 12. Back | | |
| | 8. Heart | | | 13. Neurologic | | |
| | 9. Abdomen | | | 14. Skin | | |
| VI. Comments On Deviation From Normal | | | | | | |
| VII. Are there any health problems noted above that would interfere with or that should be considered when conducting individual intelligence and educational testing? | | YES | | If YES, explain: | | |
| | | NO | | | | |
| VIII. Are there any health problems which should be considered when planning or implementing an educational program? | | YES | | If YES, explain: | | |
| | | NO | | | | |
| IX. Are any restrictions on physical activities recommended? | | YES | | If YES, explain: | | |
| | | NO | | | | |
| X. Are any medications taken? | | YES | | If YES, explain: | | |
| | | NO | | | | |
| XI. Are there any findings that require follow up? | | YES | | If YES, explain: | | |
| | | NO | | | | |
| XII. Other Comments: | | | | | | |
| EXAMINER: | | | | DATE: | | |

DIRECTIONS FOR COMPLETING THIS FORM (DI-SE-F34):

This form should be completed when data indicate a need for a follow-up examination to determine if significant physical problems exist that should be considered in the assessment and in educational programming.

1. All items must be completed prior to the administration of ANY tests.
2. Numbers I – VI must be completed by a Registered Nurse or Physician.
3. All items in I (Review of Systems) and items 5 – 14 in V (Physical Assessment) are to be marked as Normal (4) or Abnormal (X). Any items marked Abnormal (X) in I or V should be explained in IV and VI, respectively.
4. Numbers VII – X should be completed by the person(s) completing items I through VI.
5. If there are problems that might affect the child's performance on psychological and educational evaluations, they should be detailed in number VII. Examples are side effects of medication and/or poor motor control.
6. If there are problems that would require special planning for or adaptation(s) of the child's program, they should be specified in number VIII. Such problems might be evidenced by the need for braces or a wheelchair.
7. The Registered Nurse, Nurse Practitioner, or Physician conducting the evaluation MUST sign and date this form in the space provided at the bottom.