

## ICM-III PRESCHOOL PHYSICAL EXAM

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Medical student NAME:  
CHILD'S NAME:

DAYCARE SITE:  
DATE:

Vital Signs: P: RR: BP:

Weight (with %): Height (with %):

**\*\*plot and attach the appropriate growth chart to this form**

**General Appearance: (use descriptions instead of "normal")**

Skin:

Heart:

Head:

Lungs/Chest:

Eyes:

Pulses:

Ears:

Musculoskeletal:

Nose/Mouth/Pharynx:

Neuro:

Neck:

**Brief assessment, including developmental observations:**

(Example: 36 month male with normal growth and development. Physical exam demonstrated normal findings OR 36 month male with abnormal growth demonstrated by....with abnormal development demonstrated by.....with abnormal physical exam findings to include.....)