Division of Immigration Health Services

Pediatric Physical Assessment Form
2 Years Old

DEVELOPMENTAL TASKS

NORMAL	ABNORMAL		NORMAL	ABNORMAL	
☐	☐	Removes pants and shoes	☐	☐	Makes horizontal or circular strokes
☐	☐	Walks up steps alone	☐	☐	20+ words: 2-word combination
☐	☐	Jumps in place	☐	☐	Parents understand child's speech
☐	☐	Stacks 5-6 cubes	☐	☐	Looks at pictures in picture book
☐	☐	Knows name	☐	☐	Repeats words other say
☐	☐	Says "What's that?	☐	☐	Parallel play
☐	☐	Runs without falling			

Describe abnormal findings:

DIET/ NUTRITION	IMMUNIZATIONS								LABORATORIES
Diet:_____	DTaP	☐	#1	☐	#2	☐	#3	☐ #4	
	IPV	☐	#1	☐	#2	☐	#3		
Fluoride: ☐	Hib	☐	#1	☐	#2	☐	#3	☐ #4	
	Hep B	☐	#1	☐	#2	☐	#3		
Vitamins: ☐	MMR	☐	#1						
	VAR	☐	#1						

SUBJECTIVE

OBJECTIVE

HEIGHT WEIGHT BLOOD PRESSURE HR RR

	NORMAL	ABNORMAL		NORMAL	ABNORMAL	Describe Physical findings
General appearance	☐	☐	Lungs	☐	☐	
Skin	☐	☐	Heart	☐	☐	
Head	☐	☐	Abdomen	☐	☐	
Eyes	☐	☐	Genitalia	☐	☐	
EOM	☐	☐	Extremities	☐	☐	
ENT	☐	☐	Back	☐	☐	
Teeth	☐	☐	Neuro	☐	☐	
Chest	☐	☐	Hearing screening	☐	☐	
	☐	☐				

ASSESSMENT

PLAN

Provider's Signature

Provider's Stamp

Date

ANTICIPATORY GUIDANCE

STRESS DANGER		Next Appointment
Burns, cabinets, furniture, matches	☐	
Eat and drink when sitting; position danger	☐	
Avoid machinery, plastic bags	☐	
Reemphasize previous cautions	☐	
Read to child-toilet training	☐	LABS
Use of toothbrush	☐	Hgb/Hct_____
BBTD/Nutrition	☐	_____
Skin protection-UV Light	☐	

DETAINEE LABEL