Division of Immigration Health Services

Pediatric Physical Assessment Form
5 Years Old

DEVELOPMENTAL TASKS

NORMAL	ABNORMAL		NORMAL	ABNORMAL	
☐	☐	Skips, walks on tiptoes	☐	☐	Copies triangle from illustration
☐	☐	Identifies coins	☐	☐	Draws a person with head, body, arms, legs
☐	☐	Knows 4 or 5 colors	☐	☐	Dresses, undresses with supervision
☐	☐	Plays competitive			

Describe abnormal findings:

DIET/ NUTRITION	IMMUNIZATIONS										LABORATORIES
Diet:_____	DTaP	☐	#1	☐	#2	☐	#3	☐	#4	☐ #5	
	IPV	☐	#1	☐	#2	☐	#3				
	Hib	☐	#1	☐	#2	☐	#3	☐	#4		
	Hep B	☐	#1	☐	#2	☐	#3				
Fluoride: ☐	MMR	☐	#1								
	VAR	☐									

SUBJECTIVE

OBJECTIVE

HEIGHT WEIGHT BLOOD PRESSURE HR RR

	NORMAL	ABNORMAL		NORMAL	ABNORMAL	Describe Physical findings
General appearance	☐	☐	Lungs	☐	☐	
Skin	☐	☐	Heart	☐	☐	
Head	☐	☐	Abdomen	☐	☐	
Eyes	☐	☐	Genitalia	☐	☐	
Fundi	☐	☐	Extremities	☐	☐	
EOM	☐	☐	Back	☐	☐	
Visual acuity	☐	☐	Neuro	☐	☐	
ENT	☐	☐	Hearing Screening	☐	☐	
Teeth	☐	☐				

ASSESSMENT

PLAN

Provider's Signature

Provider's Stamp

Date

ANTICIPATORY GUIDANCE

☐	Diet and exercise
☐	Close supervision
☐	Safe toys
☐	Counsel parents on sex education
☐	Discipline
☐	Skin protection-sun screen
☐	Dental appointment

Next Appointment

LABS
Hgb/Hct_____
U/A_____
O&P_____
Other

DETAINEE LABEL