Nursing Physical Examination Checklist

Patient Information

Name		**Date**	
Age		**Gender**	
Medical Record No.		**Examiner**	

Physical Examination

Component	Findings	Normal	Abnormal
General Appearance		☐	☐
Vital Signs	BP: HR: RR: Temp:		
Skin & Nails		☐	☐
Head & Scalp		☐	☐
Eyes		☐	☐
Ears, Nose, Throat		☐	☐
Neck		☐	☐
Chest & Lungs		☐	☐
Heart		☐	☐
Abdomen		☐	☐
Extremities		☐	☐
Neurological		☐	☐

Additional Notes