Nursing Physical Examination Checklist

Patient Name

Date of Birth

Examination Date

Nurse Name

Patient ID

Checklist

Assessment Area	Normal	Abnormal	Comments
General Appearance	☐	☐	
Vital Signs (T, P, R, BP)	☐	☐	
Head & Scalp	☐	☐	
Eyes	☐	☐	
Ears	☐	☐	
Nose	☐	☐	
Mouth & Throat	☐	☐	
Neck	☐	☐	
Chest & Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Extremities	☐	☐	

Assessment Area	Normal	Abnormal	Comments
Skin	☐	☐	
Neurological	☐	☐	

Additional Notes

Nurse Signature

Date Signed