

Physical Exam Checklist

Date:

Patient information			
Name:		Gender:	
Date of birth:		Age:	
Medical history:		Medications or supplements currently taken (if applicable):	
Vaccinations received (if applicable):		Symptoms (if applicable):	
Routine check up Acute visit Other:			
If acute visit, quickly assess for urgent care needs. If stable, proceed.			
Airway/breathing Circulation Unconscious/convulsing Pain Fever			
Health area	Recommended screenings/check-ups	Completed	Notes/remarks
General appearance	Alertness		
	Hydration		
	Weight		
	Height		
	Body mass index		
	Jaundice, anaemia, cyanosis, clubbing, oedema, and lymphadenopathy (JACCOL)		
	Skin rashes/lesions		
	Others:		

Health area	Recommended screenings/check-ups	Completed	Notes/remarks
Vital signs	Respiratory rate		
	Heart rate		
	Blood pressure		
	Temperature		
	Oxygen saturation		
	Others:		
Systemic examination	Head, eyes, ears, nose, and throat (HEENT)		
	Cardiovascular		
	Pulmonary		
	Gastrointestinal		
	Genito-urinary		
	Musculoskeletal		
	Skin/dermatological		
	Neurological		
	Others:		
Additional notes			
Physician's name:		Signature:	