

STUDY NUMBER _____

DATE OF EXAMINATION: ___/___/___

PLACE OF EXAMINATION _____

PHYSICAL MEASUREMENTS

CHILD

MOTHER

Weight: _____ kg

Weight: _____ kg

Standing height: _____ cm

Standing height: _____ cm

Sitting height: _____ cm

Head circumference: _____ cm

FATHER

Chest circumference: _____ cm

Weight: _____ kg

Inter-scapular: _____ cm

Standing height: _____ cm

Arm circumference: _____ cm

BLOOD PRESSURE - MOTHER

1. _____/_____ mm Hg

Heart Rate: _____ State: _____

2. _____/_____ mm Hg

Heart Rate: _____ State: _____

Best. _____/_____ mm Hg

Heart Rate: _____ State: _____ Code: _____

BLOOD PRESSURE - FATHER

1. _____/_____ mm Hg

Heart Rate: _____ State: _____

2. _____/_____ mm Hg

Heart Rate: _____ State: _____

Best. _____/_____ mm Hg

Heart Rate: _____ State: _____ Code: _____

PHYSICAL EXAMINATION/ DYSMORPHOLOGY SCREEN

1. Eyes _____ 2. Nose _____ 3. Mouth _____ 4. Ears _____

5. Jaw _____ 6. Midface _____ 7. Skull _____ 8. Hair _____

9. Neck _____ 10. Skin _____ 11. Hands _____ 12. Feet _____

13. Limbs _____ 14. Joints _____ 15. Spine _____ 16. **Chest** _____

17. **Heart** _____ 18. Abdomen _____

19. Abnormal Neurologic Features _____

