

Newborn Physical Exam Checklist

Student name: _____

Proctor name: _____

Physical Exam Step	Competent	Competent with Concerns	Not Competent
Washes hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head: Palpates fontanelles Palpates sutures Appreciates any abnormalities (caput, cephalohematoma, lesions, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Eyes: Examines red reflex using ophthalmoscope Appreciates any abnormalities (position, epicanthal folds, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Ears: Uses otoscope to inspect TM Looks for external abnormalities (position, ear pits, tags, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nose: Assesses patency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth: Tongue (size, frenulum, etc.) Assesses palate through palpation	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Neck: Inspects for abnormalities (webbing, clefts, pits, masses, etc.) Palpates clavicles Assesses range of motion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Chest: Observation (pectus, breast tissue, xiphoid, precordium, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lungs: Observation (notices any grunting/retractions, etc.) Auscultation	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Heart: Palpation (precordium, pulses) Auscultation (four positions, S ₂ , murmurs)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Abdomen: Observation (flat, scaphoid, distended, etc.) Auscultation Palpation (four quadrants, masses, organomegaly, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Genitourinary: Observation Female (minora vs. majora prominence, discharge, hymen, etc.) Male (foreskin, circumcision, testes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anus/Rectum: Observation (position, fissures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal: Hips (Ortolani, Barlow, Galleazzi, etc.) Spine (scoliosis, tuft of hair, sacral dimple, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Neurologic:			
Tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primitive reflexes (suck, grasp, root, Moro etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin:			
Observation (notices any rashes, mottling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Flow of Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication of exam findings to parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student signature: _____

Proctor signature: _____