

Name: _____

Date: _____

Pediatric Exam

Y L P Z U D I O T L E D M H C G R
N A I C I R T A I D E P F P M V E
E C S N O I T C E J N I V F E A W
G Y O W S Z D M R E L D D O T S I
A T R A H C H T W O R G I L Y T N
B L O O D P R E S S U R E R H U T
Q J T C F C N E D L F M H P Y S R
H C X O S C R E E N I N G D P L A
Z T I M M U N I Z A T I O N E A M
T N E C S E L O D A N Z F P R T U
L E E F R W S T I V D O F K T E S
Y X G L R S M N F B Q X H Z E R C
D R I R J R Z A G U R V E R N A U
A G D V X A P F S X C M D I S L L
B U C U D X T N W V N V A X I I A
Q E Q E Z D L I H C L L E W O S R
V R R E P E D I A T R I C S N H H

Vastus Lateralis

Growth chart

Pediatrician

Pediatrics

Deltoid

Blood pressure

Hypertension

Adolescent

Well Child

Toddler

Intramuscular

Immunization

Injections

Screening

Infant