

# Neurology Clerkship Abnormal Physical Finding Checklist

Name of Student: \_\_\_\_\_ Class of \_\_\_\_\_ Group \_\_\_\_\_

Abnormal Finding:	Observed (check if yes)	Date observed	Faculty/Fellow/Res Name and Signature
1. Parkinsonian tremor	_____	_____	_____
2. Anisocoria	_____	_____	_____
3. Facial Palsy	_____	_____	_____
4. Muscle Weakness	_____	_____	_____
5. Hyporeflexia	_____	_____	_____
6. Hyperreflexia	_____	_____	_____
7. Babinski sign	_____	_____	_____