



PHYSICAL EXAM

NAME _____ DOB _____ DATE: _____

HOME _____ ADDRESS: _____ PHONE _____

VITALS						
TEMP		PULSE		RESPIRATION		BLOOD PRESSURE
HEIGHT (INCHES)	WEIGHT		BMI %	ALLERGIES		IMMUNIZATIONS UP TO DATE FOR AGE
	LB.	OZ.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO

N	ABN		N	ABN	
		Appearance			Heart
		Skin			Abdomen
		HEENT			Genital: Tanner _____
		Teeth			Pelvic
		Nodes			Back
		Thyroid			Extremities
		Chest			Neuro
		Breast: Tanner _____			Vision & Hearing

Comments: _____

TB TEST NEEDED TODAY?	DATE GIVEN	DATE READ	RESULTS
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> NONE <input type="checkbox"/> INACTIVE <input type="checkbox"/> ACTIVE

CHILD IS: **AMBULATORY** **NON-AMBULATORY**

"Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs.

OVER-THE-COUNTER MEDICATIONS THAT CARETAKER IS AUTHORIZED TO GIVE CHILD <u>AS NEEDED</u> :		
CONDITION	OVER-THE-COUNTER MEDICATIONS	SPECIAL INSTRUCTIONS:
Pain relief/fever control		
Cough		
Antihistamine/decongestant		
Sore throat		
Anti-diarrheal		

NAME OF DOCTOR/CLINIC: _____

ADDRESS: _____ PHONE: _____

PHYSICIAN'S SIGNATURE

DATE