

Physical Examination Form
The Salvation Army Children's Services

EPSDT: Y _____ N _____

Date of Exam: _____

Child's Name (Last, First, Middle Init.): _____ Address: _____

Date of Birth: _____ Phone Number: _____

Review of Health History:

Medical Information pertinent to diagnosis and treatment in case of emergency:

Special Instructions to Provider regarding any medication required:

Recommended medications or limitations of child's activities or diet (i.e. allergies, etc.):

Vision (Acuity): R _____ L _____
 _____ Normal _____ Normal
 _____ Abnormal _____ Abnormal

Hearing: R _____ L _____
 _____ Normal _____ Normal
 _____ Abnormal _____ Abnormal

Growth Measurement: Height: ___' ___ Percentile: _____
 Weight: ___ lbs. ___ ounces Percentile: _____
 Head Circumference (for infants): _____

<u>Area:</u>	Please circle one.		Comments
Eyes	Normal	Abnormal	_____
Ears, Nose	Normal	Abnormal	_____
Mouth/Throat	Normal	Abnormal	_____
Genitalia, Breasts	Normal	Abnormal	_____
Abdomen	Normal	Abnormal	_____
Extremities/Joints	Normal	Abnormal	_____
Lungs	Normal	Abnormal	_____
Spine	Normal	Abnormal	_____
Cardiovascular	Normal	Abnormal	_____
Skin, Lymph Nodes	Normal	Abnormal	_____

HGB: ___ Normal ___ Abnormal

Blood Pressure: _____/_____

GM or HCT: ___ Normal ___ Abnormal **Urinalysis:** _____

Developmental Appraisal: Is child progressing normally with age? ___ Yes ___ No
 Comments: _____

Immunization Record	Date Received
Hep-B: Hepatitis B vaccine: 1 st dose (Birth-2 months)	
Hep-B: Hepatitis B vaccine: 2 nd dose (1-4 months)	
Hep-B: Hepatitis B vaccine: 3 rd dose (6-18 months)	
DTaP: Diptheria-Tetnus-Pertussis: 1 st shot (2 months)	
DTaP: Diptheria-Tetnus-Pertussis: 2 nd shot (4 months)	
DTaP: Diptheria-Tetnus-Pertussis: 3 rd shot (6 months)	
DTaP: Diptheria-Tetnus-Pertussis: 4 th shot (12-18 months)	
DTaP: Diptheria-Tetnus-Pertussis: 5 th shot (4-6 years)	
Td given at 11-12 years if at least 5 years have passed since last dose of DtaP or DTP	
Hib: <i>Haemophilus influenzae</i> type b: 1 st dose (2 months)	
Hib: <i>Haemophilus influenzae</i> type b: 2 nd dose (4 months)	
Hib: <i>Haemophilus influenzae</i> type b: 3 rd dose (6 months) – Depending on the brand of Hib vaccine used for the 1 st and 2 nd doses, a dose at 6 months of age may not be needed.	
Hib: <i>Haemophilus influenzae</i> type b: Final dose (12-15 months)	
IPV/OPV: Polio Vaccine: 1 st shot or oral vaccine (2 months)	
IPV/OPV: Polio Vaccine: 2 nd shot or oral vaccine (4 months)	
IPV/OPV: Polio Vaccine: 3 rd shot or oral vaccine (12-18 months) – If an all-OPV schedule or all-IPV schedule is used, the 3 rd dose may be given as early as 6 months of age.	
IPV/OPV: Polio Vaccine: 4 th shot or oral vaccine (4-6 years)	
MMR: Measles-Mumps-Rubella: 1 st dose (12-15 months)	
MMR: Measles-Mumps-Rubella: 2 nd dose (4-6 years)	
Chicken-pox: Varicella: (12-18 months) – Children 12 months of age through 12 years of age (who have not had chickenpox or not been previously vaccinated) need one dose. Children 13 years of age or older (who have not had chickenpox or not been previously vaccinated) need 2 doses.	
TB Test	
Other:	

Recommended Further Tests, Examinations, or Follow-up Needed or Additional Comments:

Printed Name of Physician: _____

Physician's Phone Number: _____

Physician's Address: _____

Physician's Signature: _____

Date: _____

Please return this form to: The Salvation Army Children's Services,
 425 Allentown Drive, Suite 1 Allentown, PA 18109 Phone (610) 821-7706