

PHYSICAL RECORD

Child's Name	Sex	Place of Birth	Date of Birth
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FAMILY DISEASES (Check only those applicable)

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Venereal | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Alcoholic | |

Other Diseases _____

PREVIOUS DISEASES OF THIS CHILD (Check only those applicable and list approximate dates for previous disease.

STATE SOURCE OF ABOVE INFORMATION – ATTACH RECORD OF IMMUNIZATIONS AND BOOSTERS.

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|--|--|---|
| <input type="checkbox"/> Chickenpox _____ | <input type="checkbox"/> Whooping Cough _____ | <input type="checkbox"/> Tuberculosis _____ |
| <input type="checkbox"/> Influenza _____ | <input type="checkbox"/> Tonsillitis _____ | <input type="checkbox"/> Sexually Transmitted Disease _____ |
| <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Operations _____ | <input type="checkbox"/> Seizures _____ |
| <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Meningitis _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Scarlet Fever _____ | <input type="checkbox"/> Rheumatic Fever _____ | |
| <input type="checkbox"/> Arthritis _____ | <input type="checkbox"/> Pneumonia _____ | |
| <input type="checkbox"/> Injuries _____ | | |

CHRONIC ILLNESS OF THIS CHILD (List of medications prescribed to treat chronic conditions)

Bedwetting (after 8 years old)
Chronic Ear Problem
Allergies
Malnutrition
Constipation
Other Chronic Illnesses

PHYSICAL EXAMINATION (Please write recommendation on other side)

Date	B/P	Pulse	Nasal Passages
Height	Weight		Teeth
Normal Height	A-C	Under W	Tonsils
General Development			Glands
Posture Defects			Heart
Orthopedic Defects			Lungs
Hemoglobin or Hematocrit			Skin and Scalp
Eyes			Abdomen
Vision-Snellen Test	R-20	L-20	Genitalia
Ears – (Drums)			Neurological
Hearing Test – Rt	L		Remarks

