HumanKind

Physical Examination Report

Please note that all elements on this form must contain an entry per Virginia Department of Social Service Licensing Standards for Child-Placing Agencies.

Name of Child: _____ Date of Birth _____

Date of Examination: _____

Documentation of Medical Examination (Evaluate each of the following):

1. Current Physical Condition: _____

   _____

   _____

   _____

2. Growth and Development: _____

   _____

   _____

3. Height: _____ Weight :_____
4. Visual Acuity: Right 20/_____ Left 20/ _____ Both 20/ _____
5. Auditory Acuity: Right: _____Left: _____
6. Nutritional Status: _____

   _____

7. Allergies, including food and medication: _____

   _____

8. Chronic Conditions or Disabilities: _____

   _____

   _____

9. **Tuberculin Skin Test (PPD)** Date given: _____ Date read: _____

   Results: _____ mm _____ Negative _____ Positive

OR

A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.
Based on the available information, the individual can be considered free of tuberculosis in a communicable form. □ Yes □ No
Individual can be considered free of a communicable disease based on this evaluation □ Yes □ No

10. Attached is a copy of the record of immunizations the child has received since his last examination.
    □ Yes □ No (if no, please explain) _____

Signature of Examiner: _____ Title: _____

Date: _____

*Formerly Presbyterian Homes and Family Services, Inc.