

Youth For Tomorrow
11835 Hazel Circle Drive, Bristow, VA 20136

Physical Exam Report

Child's Name _____ Date of Examination _____

Ht.: _____ Wt.: _____ B/P: _____ Age: _____ D.O.B.: _____

IMMUNIZATIONS ADMINISTERED THIS DATE: _____ or **NONE**
_____ (please provide a response)

COMMUNICABLE DISEASE Does this child appear to be **free from communicable disease, including TB?** Yes _____ No _____

TUBERCULIN **SCREENING** IS REQUIRED. *Testing* is required only if screener determines that such is necessary. Please record results below.

Mantoux skin test in accordance with Virginia Dept. of Health procedures

Date _____ Results _____ **OR**

Chest X-Ray (Date, if applicable) _____ Findings: Positive _____ Negative _____

ALLERGIES: _____

CHRONIC CONDITIONS: _____ HANDICAPS: _____

NUTRITIONAL REQUIREMENTS (including diets, if any): _____

RESTRICTIONS ON ACTIVITIES: _____

PREGNANCY TEST RESULTS: _____

HEARING Right _____ Left _____

VISION w/o glasses: R- _____ L- _____ w/glasses: R- _____ L- _____

GENERAL PHYSICAL CONDITION: _____

RECOMMENDATIONS (treatment, immunizations, etc): _____

FOLLOW-UP APPT. DATE (complete only if needed): _____

PHYSICIAN'S SIGNATURE _____ PHONE : _____

FAX: _____