

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): _____

PARTICIPATION IN ACTIVITIES - Child may participate in activities such as rafting, kayaking, ropes courses, rock climbing (other than on an artificial façade), canoeing, tent camping and hiking): **Does child's health prevent him/her from participating in the described activities?**
YES _____ **NO** _____

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, exams, etc): _____

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

SIGNATURE _____
Licensed physician or physician's designee

PHONE: _____

FAX: _____